2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90030 012 ***138.75 DOCUMENT #L07000029979 PALKA PROCESSING LLC Principal Place of Business Mailing Address 60029433 7038:34TH AVE EAST 7038 34TH AVE EAST. PALMETTO, FL 34221 PALMETTO, FL 34221 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E083 (12/06) City & State Applied For City & State 20-983973) Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALKA, LAUREN N MRS. Street Address (P.O. Box Number is Not Acceptable) 7038 34TH AVE EAST PALMETTO, FL 34221 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Garage नाक करें ने सन्तर के देवें FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Against to the class of the state of the sta Make check payable to er var i ji kahalika belegi yilganda Nari kahali kahasa hariyasa kaha Kalasa harika kahali kahasa ka presented. Florida Department of State of past that is a considered turning on the past of past turning a province of the past of past turning a province of the past of the p MANAGING MEMBERS/MANAGERS 10. --- ADDITIONS/CHANGES -----THE THREE T menber ☐ Delete TITLE managing ments Ryan falka ☐ Change Addition ** NAME NAME 34th AVE E STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition \$20 1 8 EX.C NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-SI-ZIP-11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119; Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the will mitted hability company or the receiver of fittuities empowered to execute this report as required by Chapter 608, Florida Statutes.

64-18-0B

941-704-9385