2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 12, 2008 8:00 am Secretary of State 05-12-2008 90119 043 ***138.75 **DOCUMENT # L07000030075** CARLOS A. MENDEZ ROBLES, LLC **60040000** Principal Place of Business Mailing Address 1508 BROOKSIDE AVENUE 1508 BROOKSIDE AVENUE engles on one of a KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State 26-0411742 Not Applicable Zip Country 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 Name MENDEZ ROBLES, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 1508 BROOKSIDE AVENUE KISSIMMEE, FL 34744 Zip Code City FL 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 $\frac{i}{\text{Signature. typed or printed name of registered agent and title if applicable}}$ DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition MGR . TITLE ☐ Change TITLE Delete MENDEZ ROBLES, CARLOS A NAME NAME 1508 BROOKSIDE AVENUE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP KISSIMMEE, FL 34744 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 128108

Daytime Phone #

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