2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000033743** 04-04-2008 90133 011 ***138.75 1. Entity Name ROLLTECH, LLC. Principal Place of Business Mailing Address 60013640 410 PAMETO ROAD 410 PAMETO ROAD NOKOMIS, FL 34275 NOKOMIS, FL 34275 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8743070 City & State City & State Applied For Not Applicable Zip Country Country Zlp \$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 MATUSHENKO, BORIS Street Address (P.O. Box Number is Not Acceptable) 410 PAMETO ROAD NOKOMIS, FL 34275 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138,75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MATUSHENKO, BORIS NAME NAME STREET ADDRESS 410 PAMETO ROAD STREET ADDRESS CITY-ST-ZIP NOKOMIS, FL 34275 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 TUTLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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

11. I hereby certify that the information supplied with this filling 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED