2008 LIMITED LIABILITY COMPANY

Jan 22, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000045521** 01-22-2008 90120 011 ***143.75 REWIND SERVICES, LLC Principal Place of Business Mailing Address 00004707 9861 WEST SAMPLE ROAD, #228 9861 WEST SAMPLE ROAD, #228 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 10300 N+W- 39th PLACE 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01092008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 223963895 CORAL SPRING Not Applicable 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 SPIEGEL & UTRERA P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. ADDITIONS/CHANGES 9. MGR MGRM Addition Change TITLE ☐ Delete TITLE WINTERMYER RODNEY 10300 N.W. 39TH PLACE WINTERMYER, RODNEY E NAME NAME 9861 WEST SAMPLE ROAD, #228 STREET ADORESS STREET ADDRESS CORAL SPRINGS, FL. 33065 CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Change Addition 5 WINTERMYER BETTY J. 10300 N.W. 39TH PLACE WINTERMYER, BETTY J MALIC NAME STREET ADDRESS 9861 WEST SAMPLE ROAD, #228 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP CORAL SPRINGS , FL. 33065 TITLE Delete TITLE T REIMERS ANNETTE R. Change Addition REIMERS, ANNETTE R NAME --NAME 10300 N.W. 3974 PLACE 9861 WEST SAMPLE ROAD, #228 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP CORAL SPRINGS, FL. 33065 TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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

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.