2008 LIMITED LIABILITY COMPANY

Jan 14, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000059120** 01-14-2008 90044 024 ***138.75 ELVIRA JOHNSON, LLC Principal Place of Business Mailing Address 60001253 1423 SE 10TH STREET, SUITE #1 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEDEM, ILAN Street Address (P.O. Box Number is Not Acceptable) 1423 SE 10TH STREET, SUITE #1 CAPE CORAL, FL 33990 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 SIGNATURE Signature, typed or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 9. 10 ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete ☐ Change ☐ Addition KEDEM, ILAN NAME 1423 SE 10TH STREET, SUITE #1 STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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CITY-ST-ZIP

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

☐ Delete

☐ Delete

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FILED

Daytime Phone #

☐ Change

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