2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 06, 2008 8:00 am Secretary of State DOCUMENT #L07000064606 02-06-2008 90120 049 ***138.75 INTUITIVE ENVIRONMENTAL SOLUTIONS, LLC Principal Place of Business Mailing Address 13631 EAGLE RIDGE DR. 13631 EAGLE RIDGE DR. SUITE 212 SUITE 212 FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 02032008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID, DANIEL 13631 EAGLE RIDGE DRIVE STE 212 Street Address (P.O. Box Number is Not Acceptable) FT MYERS, FL 33912 City Zip Code 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 SIGNATURE Signature, typed or printed 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 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE MGRM ☐ Delete TITLE ☐ Change Addition LAMITINA FRANK BUTG CYPRESS DRIVE NORTH FORT MYERS, FL 33967 REID, DANIEL NAME NAME STREET ADDRESS 13631 EAGLE RIDGE DR. STREET ANNAESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SI WAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

239-292-5091

FILED