2008 LIMITED LIABILITY COMPANY

Apr 02, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000065319** 04-02-2008 90152 017 ***138.75 1. Entity Name **B&HCONSULTING GROUP LLC** Principal Place of Business Mailing Address 12326 87TH ST. N 12326 87TH ST. N WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country Ζip \$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 AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 300 FIFTH AVENUE SOUTH, SUITE 101-330 NAPLES, FL 34102 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, (NOTE: Registered Agent signsture 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 MGR TITLE TITLE Delete ☐ Change Addition HERMANY, BRIAN W NAME NAME STREET ADDRESS 12326 87TH ST. N STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delene TITLE ☐ Change Addition HALLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete THLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS DTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P ☐ Destete TITLE ☐ Change ☐ Addition TITLE

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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.

MALAF

NAME

STREET ADDRESS

CITY-ST-7IP

561-694-0888

STREET ADDRESS

CITY-ST-ZIP