2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000065960 1. Entity Name BRITTO LLC 2008 APR -9 PM 1: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 16282 CROWN ARBOR WAY 16282 CROWN ARBOR WAY FORT MYERS, FL 33908 FORT MYERS, FL 33908 LE 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State 26-0411294 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHINNAPPAN, BRITTO Street Address (P.O. Box Number is Not Acceptable) 16282 CROWN ARBOR WAY FORT MYERS, FL 33908 Zip Code City 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) DATE Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Delete MARM Addition MGRM ☐ Change TITLE TITLE BRITTO LITINNAPPAN and MAGIBALINE BRITTO as joint tenants by enterity with rights to Survivor Ship? NAME CHINNAPPAN, BRITTO NAME STREET ADDRESS 16282 CROWN ARBOR WAY STREET ADDRESS 16282, CROWN MAGOR WAY, FORTMYERS, FL 33908 FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition **MGRM** Delete Change TITLE TITLE BRITTO, MAGDALINE 500123856595 04/17/08--01012--019 **50 NAME NAME STREET ADDRESS 16282 CROWN ARBOR WAY STREET ADDRESS **50.00 CITY-ST-ZIP FORT MYERS, FL 33908 CtTY-ST-7IP _ 🔲 Delete THUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP ☐ Addition Delete TITLE ☐ Change TITLE 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 quality 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. 239 896 3850 03129108 BRITTO CHINNAPPAW SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytene Phone

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