2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Sep 08, 2008 8:00 am Secretary of State **DOCUMENT # L07000086999** 09-08-2008 90048 013 ***143.75 KEVIN J. CASALE, LLC Principal Place of Business Mailing Address **5422 MOBILE DRIVE 5422 MOBILE DRIVE** SEFFNER, FL 33584 SEFFNER, FL 33584 50010138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number X Not Applicable Zip Country Zip 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 CASALE, KEVIN J Street Address (P.O. Box Number is Not Acceptable) 5422 MOBILE DRIVE SEFFNER, FL 33584 Zip Code City 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 Gignature, speed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to Due by September 12, 2008 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Addition Detete CASALE, KEVIN J NAME NAME STREET ADDRESS 5422 MOBILE DRIVE STREET ADDRESS SEFFNER, FL 33584 CtTY-ST-7IP CITY-SI-71P TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition 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 TITLE ☐ Change TITLE ☐ Delete 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

UHY-SI-ZP

STREET ADDRESS CITY-ST-ZIP

KEVIN CASALE

813 \$5168358 dayTimE PH#

FILED