² 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

Apr 04, 2008 8:00 am Secretary of State **DOCUMENT # L07000090299** 04-04-2008 90134 015 ***138.75 1. Entity Name POSTAL ENTERPRISES, LLC Principal Place of Business Mailing Address 60019686 9771 VIA GRANDEZZA WEST 9771 VIA GRANDEZZA WEST WELLINGTON, FL 33411 WELLINGTON, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number 26-27/0668 City & State Not Applicable Zip Country 2ip 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 Name POSTAL, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 9771 VIA GRANDEZZA WEST WELLINGTON, FL 33411 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. ${\color{red}{\rm Signature, typed or printed name of registered agent and title it applicable.}}$ (NOTE: Registered Agent signature required when reinstating) WEST TOPPER FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State . # **经**。1945年,1945年,1945年 MANAGING MEMBERS/MANAGERS 10. PHYLLIS POSTAL REDOCATE TAKET Change MBAG / PAES Delete TITLE TITLE **X** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON MOAG/SEC TITLE Delete ☐ Change Addition EBORAH POSTAL- GOLDSTEIN NAME NAME STREET ADDRESS SEA TURTLE DL 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 review of the execute this report as required by Chapter 608, Florida Statutes. 561-478-8008

Daytime Phone #