2008 LIMITED LIABILITY COMPANY

Mar 03, 2008 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT #L07000093876 03-03-2008 90399 005 ***138.75 DH BOOTHWORKS, LLC Principal Place of Business Mailing Address 60011846 2201 CANTU COURT, #218 2201 CANTU COURT, #218 SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-1085615 Not Applicable Zio 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 PROCTOR, REBECCA J. Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. ADDITIONS/CHANGES MGRM - -TITLE : ☐ Delete TITLE ☐ Change ☐ Addition GREENBERG, RONALD NAME NAME STREET ADDRESS 2201 CANTU COURT, #218 STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 34232 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change Addition STONE, KENDALL NAME NAME 2201 CANTU COURT, #218 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ☐ Addition SANDOR, JOSEPH NAMÉ NAME 7574 TOR! WAY STREET ACCRESS STREET ADDRESS CtTY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition NAME FEINROTH, JODY NAME STREET ADDRESS 2201 CANTU COURT, #218 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-2IP CITY-ST-ZIP TITLE" ☐ Delete TITLE ☐ Change ☐ Addition NAME

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11. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE