2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # L07000105806** 04-25-2008 90023 018 ***138.75 DIVIDE AND CONQUER, LLC Principal Place of Business Mailing Address **60040103** 2346 FOGGY RIDGE PARKWAY 2346 FOGGY RIDGE PARKWAY LAND O' LAKES, FL 34639 LAND O' LAKES, FL 34639 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 04162008 Chg-LLC CR2E083 (12/06) OAKS CIRCLE 4. FEI Number Applied For 35-2312484 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIJO, CHANTEL J Street Address (P.O. Box Number is Not Acceptable) 2346 FOGGY RIDGE PARKWAY LAND O' LAKES, FL 34639 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 a (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM ☐ Delete TITLE TITLE ☐ Change ■ Addition MIJO CHANTEL M NAME NAME STREET ADDRESS 2346 FOGGY RIDGE PARKWAY STREET ADDRESS CITY-ST-ZIP LAND O' LAKES, FL 34639 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P C!TY-ST-ZIP 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.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE