2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 06, 2008 8:00 am Secretary of State **DOCUMENT #L07000113918** 1. Entity Name 03-06-2008 90249 018 ***138.75 BLUE MOON THYME, LLC Principal Place of Business Mailing Address 202 S. MACARTHUR AVE. 202 S. MACARTHUR AVE. PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 26-13 Not Applicable 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 Name BENFORD, KATHERINE Street Address (P.O. Box Number is Not Acceptable) 202 S. MACARTHUR AVE PANAMA CITY, FL 32401 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Delete TITLE ☐ Change ☐ Addition BENFORD, KATHERINE NAME NAME STREET ADDRESS 202 S. MACARTHUR AVE STREET ADDRESS PANAMA CITY, FL 32401 CITY-ST-ZIP CITY-ST-7IP TITLE Delete 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 Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE Delete TITLE ☐ Change Addition MARIE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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.

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