

**2<sup>nd</sup> and FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

|  |  |
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| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999 |  FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 13 PM 1:45

|                   |   |
|-------------------|---|
| <b>FILING FEE</b> | Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee |
| <b>\$ 588.75</b>  | <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>                         |

|  |                                |
|--|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company                           | <b>DOCUMENT #</b> M98000000850 |
| AKANDA SOLUTIONS, LLC<br>13575 58TH STREET NORTH, SUITE 123<br>CLEARWATER FL 33760 |                                |

|   |
|---|
| 1a. Principal Place of Business Address             |
| 13575 58TH STREET NORTH, SUI<br>CLEARWATER FL 33760 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                                |   |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation  |
| 08/06/1998                     | DE  |
| 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 59-3518445                     |   |
| 5. Date of Last Report         | 6. Certificate of Status Desired  |
|                                | \$8.75 Additional Fee Required <input type="checkbox"/>                         |

|   |
|---|
| 7. Name and Address of Current Registered Agent                           |
| CORPORATION SERVICE , COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 |

|  |
|--|
| 8. Name and Address of New Registered Agent/Office |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, etc.                                |
| City   |
| Zip Code   |
| <b>FL</b>  |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent/Registered Agent/Approver) (Name of Registered Agent/signature required when resigning)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGR       | JOHNSON, ALLEN R          | 13575 58TH STREET NORTH, S | CLEARWATER FL            |

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F I A L

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided on this annual 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; and that my name appears in Block 10, or on an attached sheet with an address.

SIGNATURE:  ALLEN JOHNSON 07/14/99 727-538-4142