


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-07-2008 90234.032 \*\*\*138.75  
**FILED**  
L07000048118

08 MAY 21 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L07000048118</b>			
1. Entity Name <b>PARS CONSTRUCTION SERVICES, LLC</b>			
Principal Place of Business <b>11036 CASTLEMAIN CIRCLE EAST JACKSONVILLE, FL 32256</b>		Mailing Address <b>11036 CASTLEMAIN CIRCLE EAST JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>7643 Gate Parkway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>104-82</i>	
City & State		City & State <i>Jacksonville FL</i>	
Zip		Zip <i>32256</i>	
Country		Country <i>US</i>	
4. FEI Number <i>64-0961359</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RICHARD CAMP, CPA 6817 SOUTHPOINT PARKWAY, SUITE 2201 JACKSONVILLE, FL 32218</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
<b>FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <i>A-H</i> NAME <i>Vice President Cory Ritchie</i> STREET ADDRESS <i>2050 Club Lake Drive</i> CITY - ST - ZIP <i>Orange Park FL 32065</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <i>MGR/PM</i> NAME <i>Ali Hakimi</i> STREET ADDRESS <i>11036 Castlemain Circle East</i> CITY - ST - ZIP <i>Jacksonville FL 32256</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>A-H</i> NAME <i>Vice President Dennis Hakimi</i> STREET ADDRESS <i>11036 Castlemain Circle East</i> CITY - ST - ZIP <i>Jacksonville FL 32256</i> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Ali Hakimi</i>		Date: <i>4-3-08</i> Phone #: <i>904-505-5621</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	