

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094879

Entity Name: PAC MEN LLC

Current Principal Place of Business:

636 NE LAKE POINTE DRIVE
LEE'S SUMMIT, MO 64046

Current Mailing Address:

636 NE LAKE POINTE DRIVE
LEE'S SUMMIT, MO 64046

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M
135 SAN LORENZO AVE., PH840
CORAL GABLES, FL 33146 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name DE ANDRADE, FABIO
Address 636 NE LAKE POINTE DRIVE
City-State-Zip: LEE'S SUMMIT MO 64046

Title AMBR
Name DE ANDRADE, MAURO S
Address 636 NE LAKE POINTE DRIVE
City-State-Zip: LEE'S SUMMIT MO 64046

Title AMBR
Name DE ANDRADE, FLAVIO JR
Address 636 NE LAKE POINTE DRIVE
City-State-Zip: LEE'S SUMMIT MO 64046

Title AMBR
Name DE ANDRADE, EDUARDO R
Address 636 NE LAKE POINTE DRIVE
City-State-Zip: LEE'S SUMMIT MO 64046

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DE ANDRADE , FABIO

AMBR

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date