

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90080 021 ***138.75

DOCUMENT # L00000014197

1. Entity Name
PAAS ENTERPRISES, LLC



Principal Place of Business

**C/O CHARLES H. PAAS
745 PARK VIEW LANE
NAPLES, FL 34103**

Mailing Address

**C/O CHARLES H. PAAS
745 PARK VIEW LANE
NAPLES, FL 34103**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3684768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC
C/O CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL N 4TH FLOOR
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PAAS, CHARLES H
STREET ADDRESS	745 PARK VIEW LANE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Charles H. Paas* **CHARLES H. PAAS**

1-5-08 **1-5-08** *239-262-4390* **239-262-4390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #