2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000022491

1. Entity Name
PAC FAMILY LLC

Principal Place of Business	Mailing Address
4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

02192008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
30-0013234	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JAMES V
217 PONTE VEDRA DRIVE
SUITE 200
PONTE VEDRA BEACH, FL 32082

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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	CULPEPPER, ROBERT A
STREET ADDRESS	4496 SOUTHSIDE BLVD., SUITE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32216

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03/26/08-80094-021 138.75

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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: _Robert A. Culpepper_   3/6/08   904-642-1794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #