

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000177

Entity Name
PAUZEL, L.L.C.



Principal Place of Business
1605 NORTHWEST 22ND STREET
GAINESVILLE, FL 32605

Mailing Address
6131 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312

FILED

2006 APR 25 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

4. FEI Number

80-0008575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERRON, ELAINE S
6131 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMYSOR, CHARLOTTE
1605 NORTHWEST 22ND STREET
GAINESVILLE, FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHERRON, ELAINE S
6131 HEARTLAND CIRCLE
TALLAHASSEE, FL 323127504

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200071915862
04/26/06--01001--020 **372.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHNELL, PATRICIA S
1931 N.W. 32ND TERRACE
GAINESVILLE, FL 32605

☐ Delete

TITLE
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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 *Elaine S. Sherron*

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

Apr. 25, 2006 893-6051

Date Daytime Phone #

Elaine S. Sherron