

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000177

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PAUZEL, L.L.C.

**Current Principal Place of Business:**

1605 NORTHWEST 22ND STREET  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6131 HEARTLAND CIRCLE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 80-0008575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERRON, ELAINE S  
6131 HEARTLAND CIRCLE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMYSOR, CHARLOTTE  
Address: 1605 NORTHWEST 22ND STREET  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: SHERRON, ELAINE S  
Address: 6131 HEARTLAND CIRCLE  
City-St-Zip: TALLAHASSEE, FL 323127504

Title: MGRM ( ) Delete  
Name: SCHNELL, PATRICIA S  
Address: 1931 N.W. 32ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELAINE S SHERRON

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date