

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000030013	
1. Entity Name PACKT, LLC	
	
Principal Place of Business 1100 MOJAVE TRAIL MAITLAND, FL 32751	Mailing Address 1100 MOJAVE TRAIL MAITLAND, FL 32751



02062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2386586	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORCORAN, PAMELA L
1100 MOJAVE TRAIL
MAITLAND, FL 32751**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORCORAN, PAMELA L 1100 MOJAVE TRAIL MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORCORAN, TERRANCE A 1100 MOJAVE TRAIL MAITLAND, FL 32751
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03/23/07-80076-006 50.00

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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:  **PAMELA L. CORCORAN** **3-12-07** **407-645-8915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #