2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOOL INTENT #1 020000							
DOCUMENT # L03000015810 1. Entity Name NATIONAL PARALEGALS LLC				01-20-2004 90205 008 ****50.00			
Principal Place of Business 4411 BEE RIDGE ROAD #496 SARASOTA, FL 34233	Mailing Address 4411 BEE RIDGE ROAD SARASOTA, FL 34233	#496			24001943		
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		0114200	04 Chg-LLC	CR2E083 (10/03)		
City & State	City & State		4. FEI No.	mber - 23488	48 N	oplied For	
Zip Country	Zip	Country		ate of Status Desire	\$5.00 **	ditional	
6. Name and Address of Cur	rent Registered Agent		7. Name	and Address of Nev		·	
PAGLINO, JOSEPH S 1815 N 41ST AVE HOLLYWOOD, FL 33021		Name	7. Name and Address of New Registered Agent Name Toe Pagino				
		Street A	Street Address (P.O. Box Number is Not Acceptable)				
			Suite 2				
		City	Hollywood	/	FL Zip Coo	° 19	
The above named entity submits this statement the obligations of registered agent.	ent for the purpose of changing its	registered office or	r registered agent, o	both, in the State of			
SIGNATURE		_			1/15/04		
Signature, typed or printed name or resistered	accept and title it applicable. (NOTE	: Registered Agent signat	ure required when reinstating	<u> </u>	DATE		
Filing Fee is \$50.00 Due by May 1, 2004				I	fake check payable to rida Department of Stat	e	
9. MANAGING ME	MBERS/MANAGERS	10.		ADDITIO	NS/CHANGES		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JOE Paglino

1/15/04

638-7272

SIGNATURE and Differ on position name of Signing Managing Member, Manager, or authorized Representative

Date

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