

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030860

Entity Name: PAMELA S. GHEZZI, CSA, LLC

FILED  
Apr 14, 2004  
Secretary of State

**Current Principal Place of Business:**

2856 HIGHLAND VIEW CIRCLE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2455  
WINTER PARK, FL 327902455

**New Mailing Address:**

PO BOX 2455  
WINTER PARK, FL 327902455 US

FEI Number: 20-0211014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GHEZZI, PAMELA S  
1155 LOUISIANA AVENUE, SUITE 204  
WINTER PARK, FL 32789 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GHEZZI, PAMELA S  
Address: 1155 LOUISIANA AVENUE, SUITE 204  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GHEZZI, PAMELA S  
Address: 1155 LOUISIANA AVENUE, SUITE 204  
City-St-Zip: WINTER PARK, FL 327892351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAMELA S. GHEZZI

MS.

04/14/2004

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