# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040561

1. Entity Name **PAJÓD LLC** 



Principal Place of Business

6875 SAN JOSE LOOP **NEW PORT RICHEY, FL 34655**  Mailing Address

6875 SAN JOSE LOOP NEW PORT RICHEY, FL 34655

US

# FILED Mar 25, 2008 08:00 AN Secretary of State



01122008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-0342929

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DAILEY, JOSEPH D 6875 SAN JOSE LOOP NEW PORT RICHEY, FL 34655

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<ol><li>The above named entity submits this statement for the purpose of char the obligations of registered agent.</li></ol>	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature hand or collection of positional and total approach to the description	(NOTE Dequatored Anant signature can used when reinstation)	DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000869753 04/09/08-80062-009 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM .
NAME	DAILEY, JOSEPH D
STREET ADDRESS	6875 SAN JOSE LOOP
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	MGRM
NAME	DAILEY, PATTI M
STREET ADDRESS	6875 SAN JOSE LOOP
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
C:TY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	,

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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 prace under eath; 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 Cristian Statutes.

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

Date