

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041988**

1. Entity Name  
PACIFIC GROUP INTERNATIONAL, LLC



Principal Place of Business

1411 SE 47TH ST.  
SUITE 9  
CAPE CORAL, FL 33904 US

Mailing Address

1411 SE 47TH ST.  
SUITE 9  
CAPE CORAL, FL 33904 US

2. Principal Place of Business - No P.O. Box #  
13350 METRO PARKWAY

3. Mailing Address  
PO BOX 60211

Suite, Apt. #, etc.  
SUITE # 302

Suite, Apt. #, etc.

05122008 Chg-LLC CR2E083 (12/06)

City & State  
FORT MYERS, FLORIDA

City & State  
FORT MYERS, FLORIDA

4. FEI Number  
20-0451898

Applied F.  
Not Applik

Zip  
33966-4796

Country  
USA

Zip  
33906 - 6211

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EZERINS, VILNIS  
13350 METRO PARKWAY SUITE 302  
FT. MYERS, FL 33966

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME EZERINS, VILNIS  
STREET ADDRESS 5337 NAUTILUS DR  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000952431  
06/04/08-80078-027 138.75

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

5/23/08