

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053697

Entity Name: PAULA HARPOLE, LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

4740 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 US

## New Principal Place of Business:

3057 EAGLE LAKE DRIVE  
ORLANDO, FL 32837 US

## Current Mailing Address:

4740 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 US

## New Mailing Address:

3057 EAGLE LAKE DRIVE  
ORLANDO, FL 32837 US

FEI Number: 80-0085120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HARPOLE, PAULA J  
4740 LAKE CALABAY DRIVE  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

HARPOLE, PAULA J  
3057 EAGLE LAKE DRIVE  
ORLANDO, FL 32837 US

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: PAULA J HARPOLE

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARPOLE, PAULA J  
Address: 4740 LAKE CALABAY DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HARPOLE, PAULA J  
Address: 3057 EAGLE LAKE DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAULA J HARPOLE

MGRM

05/01/2008

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