2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018397

1. Entity Name
PAPER SPECIALIST, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

29762 67TH WAY N CLEARWATER, FL 33761 U Mailing Address

29762 67TH WAY N CLEARWATER, FL 33761

US



DO NOT WRITE IN THIS SPACE

04082007 No Chg-LLC

4. FEI Number Applied For 20-0819863 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

PERMENTER, MARK

6. Name and Address of Current Registered Agent

PERMENTER, MARK 29762 67TH WAY N CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char tions of registered agent.	nging its register	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (I		(NOTÉ: Registere	(NOTE: Registered Agent signature required when reinstating) DATE		
F	iling Fee is \$50.00 ue by May 1, 2007	•			
9.	MANAGING MEMBERS/MANAGERS				
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	MGR PERMENTER, MARK 29762 67TH WAY N CLEARWATER, FL 33761			U <u>0</u> 00 <u>0</u> 0744191	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				05/15/07-80139-016 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		IN 7	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME					

11. I hereby certify that the information supplied with this filling 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 receptor or trustee empowered to effect this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

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

4-25-07 (727)432 4789