

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022816

Entity Name: PANGEAN, LLC

FILED
Feb 03, 2008
Secretary of State

Current Principal Place of Business:

1934 SECLUSION DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1934 SECLUSION DRIVE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 43-2049559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARETOS, PHILIP G
1934 SECLUSION DRIVE
PORT ORANGE, FL 32128 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/MANAGERS:

Title: MGRM () Delete
Name: HARETOS, PHILIP G
Address: 1934 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: HARETOS, EVGENIA K
Address: 1934 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR () Delete
Name: HARETOS, MARGARET D
Address: 1934 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HARETOS, EVYENIA K
Address: 1934 SECLUSION DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARGARET HARETOS

MGR

02/03/2008

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