2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 19, 2008 8:00 am
Secretary of State
05-30-2008 90019 042 ***138.75

DOCUMENT # L04000024501

1. Entity Name
PAUL'S A TO Z, LLC.

Principal Place of Business	Mailing Address
4909 CRESTHAVEN BLVD. WEST PALM BEACH FL 33415	4909 CRESTHAVEN BLVD. WEST PALM BEACH FL 33415

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4909 Cresthaven Blvd		4909 cresthaven Blvd	
Suite, Apt. #, etc. WPb, Fl		Suite, Apt. #, etc. WPb, Fl	
City & State 33415		City & State 33415	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 75-3194784 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUMFORD, PAUL H 4909 CRESTHVAEN BLVD. WEST PALM BEACH FL 33415	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
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUMFORD, PAUL H 4909 CRESTHAVEN BLVD. WEST PALM BEACH FL 33415	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________ 561-352-7614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #