

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000035160

1. Entity Name
PAGOSA PARTNERS INDUSTRIAL, LLC



Principal Place of Business

**1717 SECOND STREET
SUITE A
SARASOTA, FL 34236 US**

Mailing Address

**1717 SECOND STREET
SUITE A
SARASOTA, FL 34236 US**



02132008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1156770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHENKIN, RONALD R
1717 2ND STREET, SUITE D
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME MALAMUD, NEIL N
STREET ADDRESS 1717 SECOND STREET SUITE A
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME SHENKIN, RONALD R
STREET ADDRESS 1717 SECOND STREET SUITE D
CITY-ST-ZIP SARASOTA, FL 34236

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U000000841233
03/10/08-800009-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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: X

Neil N. Malamud

Neil N. Malamud X

2/24/08

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

Date

Daytime Phone #