

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000036137	
1. Entity Name PAGE COMPANIES, LLC	



Principal Place of Business 20001 GULF BLVD., SUITE 5 INDIAN SHORES FL 33785	Mailing Address 20001 GULF BLVD., SUITE 5 INDIAN SHORES FL 33785
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 20-1210600	☐ Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent 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 time if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM PAGE, STEPHEN J 20001 GULF BLVD., SUITE 5 INDIAN SHORES FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add U00000611925 02/02/07-80084-021 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add

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 60B, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

1/29/07