

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90037 035 \*\*\*\*50.00

**DOCUMENT # L04000056001**

1. Entity Name  
**EASTERN PACIFIC HOLDINGS, LLC**



Principal Place of Business  
**7800 US HIGHWAY 17-92  
UNIT #182  
FERN PARK, FL 32750 US**

Mailing Address  
**20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US**

**00032194**



2. Principal Place of Business - No P.O. Box #  
**151 South Hall Lane**  
Suite, Apt. #, etc.  
**Suite 240**

3. Mailing Address  
**151 South Hall Lane**  
Suite, Apt. #, etc.  
**Suite 240**

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country

Zip  
**32751**

Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**76-0763915**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801**

## 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAJAN, ARIF  
7800 US HIGHWAY 17-92, UNIT #182  
FERN PARK, FL 32750** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**151 South Hall Lane, Suite 240  
Maitland, FL 32751** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:**

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

Date

Daytime Phone #