

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060356

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PACK WEST LLC

**Current Principal Place of Business:**

2263 W. NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

2263 W. NEW HAVEN AVE.  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 01-0822847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, ELISABETH A  
350 HUNGRY ST., NE  
PALM BAY, FL 32907 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: RODRIGUEZ, ELISABETH A  
Address: 350 HUNGRY ST. NE  
City-St-Zip: PALM BAY, FL 32907

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, RAMSES J  
Address: 350 HUNGRY ST. NE  
City-St-Zip: PALM BAY, FL 32907

Title: MGRM ( ) Delete  
Name: WILDE, NINFA E  
Address: 2263 W. NEW HAVEN AVE  
City-St-Zip: WEST MELBOURNE, FL 32904

**ADDITIONS/CHANGES:**

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

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

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: ELISABETH RODRIGUEZ

MGRM

04/30/2008

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