

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90055 040 ****50.00

DOCUMENT # L04000075842					
1. Entity Name PANDIM, LLC					
Principal Place of Business 146 DIANNE DRIVE ORMOND BEACH, FL 32176			Mailing Address 146 DIANNE DRIVE ORMOND BEACH, FL 32176		
2. Principal Place of Business		3. Mailing Address 1515 Ridge wood Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Holly Hill FL		4. FR Number 20-1759608	
Zip	Country	Zip 32117	Country Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLIRONOMOS, PETE T 146 DIANNE DRIVE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 <u>Pete KLIRONOMOS</u> DATE <u>7/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLIRONOMOS, PETE T 146 DIANNE DRIVE ORMOND BEACH, FL 32176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLIRONOMOS THEODORE 158 HARVARD DRIVE ORMOND BEACH, FL 32176	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> DATE <u>7/15/05</u> DAYTIME PHONE # <u>5860</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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