



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000081126 1. Entity Name PAZ & SONS, LLC |  |
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|--|--|
| Principal Place of Business 1111 12TH STREET, SUITE 110 KEY WEST, FL 33040 | Mailing Address 1111 12TH STREET, SUITE 110 KEY WEST, FL 33040 |
|--|--|

DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-2165377 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PAZ, SHARON R
1111 12TH ST
STE 110
KEY WEST, FL 33040**

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAZ, ELIOPE TRUSTEE 1111 12TH STREET, SUITE 110 KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAZ, SHARON RUTH TRUSTEE 1111 12TH STREET, SUITE 110 KEY WEST, FL 33040 |
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U000000811122
02/11/08-80014-003 138.75

**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: Sharon R. Paz **SHARON R. PAZ** 1/29/08 (305)294-6242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #