

01-18-2008 90021 038 ***138.25
L05000019276

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L05000019276 1. Entity Name PANAMERICARESOURCES, LLC	
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Principal Place of Business 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073	Mailing Address 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

	
01042008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 01-0858404	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FULLER, BARRY J 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073

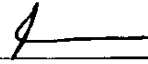
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM FULLER, BARRY J 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM FULLER, JULIET 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
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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, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #