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

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 JAN 30 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000019276

1. Entity Name
PANAMERICARESOURCES, LLC

Principal Place of Business	Mailing Address
2301 PARK AVE, STE 404 ORANGE PARK, FL 32073	2301 PARK AVE, STE 404 ORANGE PARK, FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FULLER, BARRY J
STREET ADDRESS	2301 PARK AVE, STE 404
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	MGRM
NAME	FULLER, JULIET
STREET ADDRESS	2301 PARK AVE, STE 404
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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