



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90078 033 \*\*\*\*55.00

<b>DOCUMENT # L05000030176</b> 1. Entity Name <b>PARAGON CATERING LLC</b>					
Principal Place of Business <b>5285 OLD LLOYD RD MONTICELLO, FL 32344</b>				Mailing Address <b>5285 OLD LLOYD RD MONTICELLO, FL 32344</b>	
2. Principal Place of Business <b>3001 LINMONT LAKE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3001 LINMONT LAKE</b> Suite, Apt. #, etc.			
City & State <b>EUSTIS FLORIDA</b> Zip <b>32726</b>		City & State <b>EUSTIS FLORIDA</b> Zip <b>32726</b>		4. FEI Number <b>61-1485731</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				08142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>POULOS, NICK 5285 OLD LLOYD RD MONTICELLO, FL 32344</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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><i>Nick Poulos</i></u> <b>MGR</b> DATE <u><b>8.13.06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR POULOS, NICK 5285 OLD LLOYD RD MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete <b>Change Address</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR POULOS, NICK 3001 LINMONT LAKE EUSTIS, FL 32726</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Nick Poulos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u><b>8.13.06</b></u> DAYTIME PHONE # <u><b>352-3837595</b></u>	