

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90105 048 ***138.75

DOCUMENT # L05000030827

1. Entity Name
PAYANT PRESTIGE PROPERTIES, LLC



Principal Place of Business
1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573 US

Mailing Address
1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573 US

50003127



04102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-2577292

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASMAN LAW FIRM, P.A.
1210 MILLENNIUM PARKWAY
BRANDON, FL 33511

Name **THOMAS A. PAYANT**
Street Address (P.O. Box Number is Not Acceptable)
1653 Sun City Center Plaza
City **Sun City Center** FL Zip Code **33523**

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

4/10/08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PAYANT, THOMAS A
1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PAYANT, L. ROBYN
1653 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33573 ☐ Delete

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGRM

4/10/08

Date

Daytime Phone #

813-633-7333