

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 029 ***538.75

DOCUMENT # L05000040569

1. Entity Name
PAGAZA LLC



Principal Place of Business
**6432 WEST 8 LN
HIALEAH, FL 33012**

Mailing Address
**6432 WEST 8 LN
HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #
3756 W HWY 27
Suite, Apt. #, etc.

3. Mailing Address
6432 W 8W
Suite, Apt. #, etc.



07142008 Chg-LLC CR2E083 (12/06)

City & State
Clewiston FL
Zip
33440
Country
Hendrix

City & State
Hialeah FL
Zip
33012
Country
Dade

4. FEI Number
20-2737256

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGARDUS, ROSE
6432 WEST 8 LN
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Rose G. Bogardus

(NOTE: Registered Agent signature required when reinstating)

July 16-2008

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE - NAME STREET ADDRESS CITY - ST - ZIP	MGR BOGARDUS, ROSE G 6432 WEST 8 LN HIALEAH, FL 3312	<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE - NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

Rose G. Bogardus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

July 16.08 786 4572055