

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # L05000075652

1. Entity Name
PAPER CELLAR, LLC



Principal Place of Business
13212 WHITE CEDAR COURT
ORLANDO, FL 32828

Mailing Address
13212 WHITE CEDAR COURT
ORLANDO, FL 32828



02162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1257159

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SHAILESH
13212 WHITE CEDAR COURT
ORLANDO, FL 32828

**DO NOT WRITE
IN THIS SPACE**

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	MGRM
NAME	PATEL, SHAILESH
STREET ADDRESS	13212 WHITE CEDAR CT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/08-80038-014 138.75

**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

Feb 21, 08

Date

Daytime Phone #