2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000078050

1. Entity Name
PALEDONE, LLC

Principal Place of Business
822 SW 159 TERRACE
SUNRISE, FL 33326 US

Mailing Address
822 SW 159 TERRACE
SUNRISE, FL 33326 US

04042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANGUAL, NELSON
822 SW 159 TERRACE
SUNRISE, FL 33326

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MANGUAL, NELSON
STREET ADDRESS	822 SW 159 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGR
NAME	MANGUAL, LETICIA
STREET ADDRESS	822 SW 159 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33326
TITLE	MGRM
NAME	HERMAN, DONALD B
STREET ADDRESS	5019 SW 105 AVENUE
CITY-ST-ZIP	COOPER CITY,, FL 33328
TITLE	MGR
NAME	HERMAN, PATRICIA A
STREET ADDRESS	5019 SW 105 AVE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #