

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078050

FILED
Feb 06, 2008
Secretary of State

Entity Name: PALEDONE, LLC

Current Principal Place of Business:

822 SW 159 TERRACE
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

822 SW 159 TERRACE
SUNRISE, FL 33326 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGUAL, NELSON
822 SW 159 TERRACE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANGUAL, NELSON
Address: 822 SW 159 TERRACE
City-St-Zip: SUNRISE, FL 33326 US

Title: MGR () Delete
Name: MANGUAL, LETICIA
Address: 822 SW 159 TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: MGRM () Delete
Name: HERMAN, DONALD B
Address: 5019 SW 105 AVENUE
City-St-Zip: COOPER CITY, FL 33328

Title: MGR () Delete
Name: HERMAN, PATRICIA A
Address: 5019 SW 105 AVE
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NELSON MANGUAL

MGRM

02/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date