

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000082292

1. Entity Name

P.A.S. INVESTMENTS OF FLORIDA, L.L.C.



Principal Place of Business

596 HAWTHORNE ROAD
GROSSE POINTE WOODS, MI 48236

Mailing Address

596 HAWTHORNE ROAD
GROSSE POINTE WOODS, MI 48236



01232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2535119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANO, G. KRISTIN
360 CENTRAL AVENUE, STE 1560
ST. PETERSBURG, FL 33701

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PFLAUM, ANDREW
STREET ADDRESS 596 HAWTHORNE ROAD
CITY-ST-ZIP GROSSE POINTE WOODS, MI 48236

TITLE MGR
NAME ARPIN, PAUL
STREET ADDRESS 266 MONTEREY DRIVE
CITY-ST-ZIP NAPLES, FL 34109

TITLE MGR
NAME RUSING, STEVEN
STREET ADDRESS 2036 NORTH SEDGWICK # G
CITY-ST-ZIP CHICAGO, IL 60614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000731127
05/08/07-80108-007 50.00

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IN THIS SPACE**

**PLEASE SIGN
& DATE**

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 officer 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

Date

Daytime Phone #

4/22/07 646-245-5043