

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092834

1. Entity Name
PARDES, LLC



Principal Place of Business
**693 CONNESTEE ROAD
WEST PALM BEACH, FL 33413**

Mailing Address
**693 CONNESTEE ROAD
WEST PALM BEACH, FL 33413**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3169187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SILVERMAN, STUART M ESQ.
2500 N. MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431**

**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 reconstituting)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YOUNG, TAMARA
693 CONNESTEE ROAD
WEST PALM BEACH, FL 33413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
YOUNG, JOHN JR.
693 CONNESTEE ROAD
WEST PALM BEACH, FL 33413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000651211
03/08/07-80044-014 50.00

**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: *Tamara Young*

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

2/24/07 561 689-8024

Date

Daytime Phone #