


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L05000097958</b><br>1. Entity Name<br><b>PAPP ENTERPRISES, LLC</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>7775 LAURA LOU LANE<br/>DUNNELLON, FL 34433 US</b>   |   |  | Mailing Address<br><b>7775 LAURA LOU LANE<br/>DUNNELLON, FL 34433 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State<br>Zip Country  |   |  | City & State<br>Zip Country   |   |  |
| 4. FEI Number<br><b>20-3581348</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00</b> Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PAPP, JOSEPH R II<br/>7775 LAURA LOU LANE<br/>DUNNELLON, FL 34433</b>   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Lou Ann Papp</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>7775 W Laura Lou Lane</u><br>City <u>Dunnellon</u> <b>FL</b> Zip Code <u>34433</u> |   |  |
| 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.<br>SIGNATURE <u>[Signature]</u> DATE <u>6/9/08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |   |  |
| <b>Amended AR is \$50.00</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PAPP, JOSEPH R<br>7775 W. LAURA LOU LANE<br>DUNNELLON, FL 34433 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PAPP, LOU ANN<br>7775 W. LAURA LOU LANE<br>DUNNELLON, FL 34433  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | Date <u>6/9/08</u> 352-613-4532<br><small>Daytime Phone #</small>   |   |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06062008 Chg-LLC CR2E083 (12/06)

20-3581348

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

PAPP, JOSEPH R II  
7775 LAURA LOU LANE  
DUNNELLON, FL 34433

Name Lou Ann Papp  
 Street Address (P.O. Box Number is Not Acceptable)  
7775 W Laura Lou Lane  
 City Dunnellon **FL** Zip Code 34433

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SIGNATURE [Signature]

6/9/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$50.00**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

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**SIGNATURE:** [Signature]

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

Date

Daytime Phone #

6/9/08 352-613-4532