

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90040 013 \*\*\*\*\*50.00

**DOCUMENT # L05000100245**

1. Entity Name

PATRICK & SONS HAULING LLC



Principal Place of Business

9825 BAY WINDS DR #1204  
WEST PALM BEACH FL 33411

Mailing Address

9825 BAY WINDS DR #1204  
WEST PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box #

14 Willowbrook Ln #201  
Delray Beach FL 33446

3. Mailing Address 14 Willowbrook Ln #201

Delray Beach FL 33446

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

Delray Beach Florida

City & State

Delray Beach Florida

Zip

33446

Country

U.S.A.

Zip

33446

Country

USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

16-1745497

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SATTAUR, PATRICK  
9825 BAY WINDS DR #1204  
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name PATRICK SATTAUR

Street Address (P.O. Box Number is Not Acceptable)

14 WILLOWBROOK LN #201

DELRAY BEACH

FL 33446

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SATTAUR, PATRICK  
9825 BAY WINDS DR #1204  
WEST PALM BEACH FL 33411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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10. ADDITIONS/CHANGES

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patrick Sattaur

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

4/19/07 561-707-5713

Date

Daytime Phone #