

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000100446

1. Entity Name
PAX VILLA ORLANDO, LLC



Principal Place of Business
1941 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

Mailing Address
P.O. BOX 100142
OAKLAND PARK, FL 33310



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0574521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ST. AMAND, SANDRA D MGRM
1941 OAKLAND PARK BLVD
FT. LAUDERDALE, FL 33311

**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**

U00000757373
05/23/07-80085-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ST. AMAND, FRED
1941 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ST. AMAND, SANDRA
1941 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ST. AMAND, FRED JR.
1941 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ST. AMAND, JESSICA
1941 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sandra St. Amand Sandra St. Amand 4/30/07 485-1234