

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 033 ***138.75

DOCUMENT # L05000118426

1. Entity Name
PAMITTAN PROPERTIES, LLC



Principal Place of Business
**111 COLONIAL ST SE
PORT CHARLOTTE, FL 33952**

Mailing Address
**111 COLONIAL ST SE
PORT CHARLOTTE, FL 33952**

50007916



2. Principal Place of Business - No P.O. Box #
4528 COLLEEN ST.

3. Mailing Address
4528 COLLEEN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT CHARLOTTE FL.

01232008 Chg-LLC CR2E083 (12/06)

City & State
PORT CHARLOTTE FL.

City & State

4. FEI Number
20-4243786

Applied For
Not Applicable

Zip
33952

Country
U.S.A.

Zip
33952

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**PAMITTAN, GRACE
111 COLONIAL ST SE
PORT CHARLOTTE, FL 33952**

7. Name and Address of New Registered Agent

Name

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

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PAMITTAN, FRANZWELL**
STREET ADDRESS **2525 HARBOR BLVD STE 308**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **MGR** ☐ Delete
NAME **PAMITTAN, GRACE**
STREET ADDRESS **111 COLONIAL ST SE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

X 5/30/08