

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000005549

1. Entity Name
PAMELA JEFFREY ASSOCIATES, LLC



Principal Place of Business
1004 TARAY DE AVILA
TAMPA, FL 33613

Mailing Address
1004 TARAY DE AVILA
TAMPA, FL 33613



01062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2533783

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAUER, PAMELA
1004 TARAY DE AVILA
TAMPA, FL 33613

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLAUER, JOSEPH
STREET ADDRESS	909 GUI SANDO DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	CLAUER, PAMELA
STREET ADDRESS	1004 TARAY DE AVILA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	KELLY, GENE
STREET ADDRESS	16106 DARNELL RD.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	MGRM
NAME	KELLEY, NANCY
STREET ADDRESS	16106 DARNELL ROAD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000794222
01/25/08-80039-018 138.75

**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:

Pamela Clauer PAMELA CLAUSER 1-19-08 813/9689112

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

Date

Daytime Phone #