

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90311 034 ****50.00

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01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4423079** Applied For
Not Applicable

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

DOCUMENT # L06000022052

1. Entity Name
PAR ENTERPRISES, LLC



Principal Place of Business
**2955 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

Mailing Address
**2955 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYLIE, RICK
86265 AUGUSTUS AVE.
YULEE, FL 32097**

Name **PATRICIA RAFFONE**
Street Address (P.O. Box Number is Not Acceptable)
2955 ROBERT OLIVER AVE
FERNANDINA BEACH
City **FL** Zip Code **32034**

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 **PATRICIA RAFFONE** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RAFFONE, PATRICIA A**
CITY - ST - ZIP **2955 ROBERT OLIVER AVE.
FERNANDINA BEACH, FL 32034**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **GERGENTI, DEANA**
CITY - ST - ZIP **1506 COVENTRY LANE
FERNANDINA BEACH, FL 32034**

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

TITLE ☐ Delete
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CITY - ST - ZIP

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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: **Patricia Raffone** **5-1-07** **904-491-6001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #