

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027032

Entity Name: PULASKI ENTERPRISES, LLC

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1055 E WISCONSIN AVE  
DELAND, FL 32724

**New Principal Place of Business:**

363 N SUMMIT AVE  
LAKE HELEN, FL 32744

**Current Mailing Address:**

1055 E WISCONSIN AVE  
DELAND, FL 32724

**New Mailing Address:**

363 N SUMMIT AVE  
LAKE HELEN, FL 32744

FEI Number: 20-4492488      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PULASKI, MARK  
1055 E WISCONSIN AVE  
DELAND, FL 32724      US

**Name and Address of New Registered Agent:**

PULASKI, MARK  
363 N SUMMIT AVE  
LAKE HELEN, FL 32744      US

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.

SIGNATURE: MARK J PULASKI

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PULASKI, MARK  
Address: 1055 E WISCONSIN AVE  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PULASKI, MARK  
Address: 363 N SUMMIT AVE  
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK J. PULASKI

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date