


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L06000079092</b><br>1. Entity Name<br><b>PARAGON SERVICES LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>360 CANAL ST.<br/>SEAGROVE BEACH, FL 32459 US</b> | Mailing Address<br><b>360 CANAL ST.<br/>SEAGROVE BEACH, FL 32459 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03232008 No Chg-LLC

CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>06-1790159</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**KOSHAK, RAYMOND  
360 CANAL ST.  
SEAGROVE BEACH, FL 32459**

**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**

U000000879110  
04/15/08-80006-022 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KOSHAK, RAYMOND<br>360 CANAL ST.<br>SEAGROVE BEACH, FL 32459   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KOSHAK, KAREN<br>2020 KINGSPONTE DR.<br>CHESTERFIELD, MO 63005 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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: RAYMOND KOSHAK** *Raymond Koshak* **3/30/08** **850-231-7936**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #