2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State
06-11-2008 90057 001 ***138.75

60044312

06072008 Chg-LLC CR2E083(12/06)

DOCUMENT# L06000087072

1. EntityName
PENGYUAN,LLC

PrincipalPlaceofBusiness	MailingAddress
832 NORTH THORNTON AVE. ORLANDO, FL 32803	832 NORTH THORNTON AVE. ORLANDO, FL 32803
2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 20-5508516 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

HUANG,YONG
15507PEBBLERIDGEST.
WINTERGARDER,FL34787

7. NameandAddressofNewRegisteredAgent

Name
StreetAddress (P.O.BoxNumberisNotAcceptable)
City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

Inaccordancewiths.607.193(2)(b),F.S.,thelimited liabilitycompanydidnotreceivethepriornotice.

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGRA YONG,HUANG 15507PEBBLERIDGEST WINTERGARDEN,FL34787	☒ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR HUANG, YONG 15507 PEBBLE RIDGE STREET WINTER GARDEN, FL 34787	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR YU,ZHONGL 843NTHORNTONAVE ORLANDO,FL32803	☒ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR. LIU, YU ZHONG 832 N. THORNTON AVENUE ORLANDO, FL 32803	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedin Chapter119,F loridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatu tes.

SIGNATURE: (signature) 6-7-08 (407) 758-1698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#