


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90135 008 \*\*\*138.75

<b>DOCUMENT # L06000110980</b> 1. Entity Name <b>PATRICIA MERICLE P.L.</b>					
Principal Place of Business <b>5009 NW 49TH ROAD TAMARAC, FL 33319</b>			Mailing Address <b>5009 NW 49TH ROAD TAMARAC, FL 33319</b>		
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	02182008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-5893681</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name <u>Patricia Mericle</u> Street Address (P.O. Box Number is Not Acceptable) <u>5009 NW 49th Rd</u> City <u>Tamarac</u> <b>FL</b> Zip Code <u>33319</u>		
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 <u>Patricia Mericle</u> <u>Patricia Mericle</u> <u>Mgr.</u> <u>2-22-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERICLE, PATRICIA 5009 NW 49TH ROAD TAMARAC, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u>Patricia Mericle</u> <u>2-22-08</u> <u>954 649-9746</u> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative    Date    Daytime Phone #</small>		