

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/7.

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-07-2008 90090 032 ***138.75

DOCUMENT # L07000021528 1. Entity Name PADOVAN, LLC					
Principal Place of Business 5901 SUN BLVD. STE. 202 ST. PETERSBURG, FL 33715			Mailing Address 5901 SUN BLVD. STE. 202 ST. PETERSBURG, FL 33715		
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	4. FEI Number 01082008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BERGER, MIRIAM 5901 SUN BLVD. STE. 202 ST. PETERSBURG, FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERGER, MIRIAM 5901 SUN BLVD., STE. 202 ST. PETERSBURG, FL 33715	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
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 <i>Miriam Berger</i> MIRIAM BERGER			Date 3/5/08 Daytime Phone (727) 864-1583		

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ATTACHMENT

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Per your request, corrected
and signed

Thank you
Miriam Berger
