

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022209

FILED
Jul 20, 2008
Secretary of State

Entity Name: PAHALAN ENTERPRISES, LLC

Current Principal Place of Business:

6885 NW 27TH COURT
SUNRISE, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

6885 NW 27TH COURT
SUNRISE, FL 33313 US

New Mailing Address:

FEI Number: 20-8543798 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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE
SUITE 306
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

PAHALAN, KRISHAN CEM
6885 NW 27TH COURT
SUNRISE, FL 33313 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: KRISHAN PAHALAN

07/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAHALAN, KRISHAN H CEM/CFM
Address: 6885 NW 27TH COURT
City-St-Zip: SUNRISE, FL 33313 US

Title: MGRM () Delete
Name: SATIJA, SUAPNA VOM/SEC
Address: 6885 NW 27TH COURT
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KRISHAN PAHALAN

MGRM

07/20/2008

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