

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000023099

1. Entity Name
PRAGG INVESTMENTS, LLC



FILED

2008 APR 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5819 BLUEBERRY CT
LAUDERHILL, FL 33313 US

Mailing Address
5819 BLUEBERRY CT
LAUDERHILL, FL 33313 US



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

02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARAGUE, BARRINGTON
5819 BLUEBERRY CT
LAUDERHILL, FL 33313

Name
Kenneth V. Hemmerle, II P.A.
Street Address (P.O. Box Number is Not Acceptable)
1322 N.E. 4th Avenue, Suite E
City
Fort Lauderdale FL Zip Code
33304

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

Kenneth V. Hemmerle, II

Kenneth V. Hemmerle, II, Esq.

3/21/08

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
PARAGUE, BARRINGTON
5819 BLUEBERRY CT
LAUDERHILL, FL 33313 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
80012385631
04/17/08--01012--017 *3/21/08

TITLE
NAME
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CITY - ST - ZIP
MGR
PARAGUE, CAROLE
5819 BLUEBERRY CT
LAUDERHILL, FL 33313 ☐ Delete

TITLE
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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:

Barrington Parague

Barrington Parague

3/21/08-954-527-0560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #