

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000057425

1. Entity Name
PASCO INDUSTRIALS, LLC



FILED

08 FEB 18 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1900 N.W. CORPORATE BLVD., SUITE 201-E
BOCA RATON, FL 33431

Mailing Address
1900 N.W. CORPORATE BLVD., SUITE 201-E
BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #
2623 GRAND BLVD

3. Mailing Address
2623 Grand Blvd

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State
HOLIDAY, FL

City & State
HOLIDAY, FL

Zip
34690

Country
USA

Zip
34690

Country
USA



02072008 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

BOOTH, STEPHEN C ESQ.
C/O BOOTH & COOK, P.A.
7510 RIDGE ROAD
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name
ANTHONY SARAVANOS

Street Address (P.O. Box Number is Not Acceptable)
2623 Grand Blvd

Suite 301

City
HOLIDAY, FL

Zip Code
34690

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 *Anthony Saravanos* 2.7.08

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FLORIDA EXCHANGE CORPORATION IV
1900 N.W. CORPORATE BLVD., SUITE 201-E
BOCA RATON, FL 33431

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER
ANTHONY SARAVANOS
2623 Grand Blvd Suite 301
Holiday, FL 34690

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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: *Anthony Saravanos* 2.7.08

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

Date Daytime Phone #