2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000070124

Entity Name: T3 PARAGON ENTERPRISES LLC

Current Principal Place of Business:

124 POQUITO RD
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

124 POQUITO RD
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 14-2003442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORRES, RAMON L JR.
124 POQUITO RD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TORRES, RAMON L JR.
Address: 124 POQUITO RD
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR ( ) Delete
Name: TORRES, RAMON L III
Address: 313 NORTH HAMPTON CR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGR ( ) Delete
Name: TORRES, DAVID D
Address: 18 TENTH ST.
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: TORRES, RAMON L III
Address: 6 WIMBLEDON WAY
City-St-Zip: SHALIMAR, FL 32579 US

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: RAMON L TORRES JR OWNE 04/29/2009

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