

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90021 032 \*\*\*138.75

DOCUMENT # **L07000086102,**

1. Entity Name

**PAULS SERVICES HOME AND BUSINESS  
LLC**



**DO NOT WRITE IN THIS SPACE**

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

**3030 SHADOW OAKS DR**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**60000793**

CR2E083B (12/07)

City & State

**HOLIDAY FLA**

City & State

**SAME**

4. FEI Number

**26-0804483**

Applied For

Not Applicable

Zip

**34690**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6.

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**PAUL P CROCCO**

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

**3030 SHADOW OAKS DR**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**January 1 - May 1 Fee is \$138.75**

**After May 1, Fee is \$538.75**

**Amended AR is \$50.00**

**Make Check Payable to Florida Department of State**

9.

MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**OWNER MGR/PAUL P CROCCO**

**3030 SHADOW OAKS DR**

**HOLIDAY FL 34690**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10.

**DO NOT WRITE  
IN THIS SPACE**

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: **Paul P Crocco** **PAUL P CROCCO**

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

**1/7/08**

Date

**727-942-3340**

Daytime Phone #