

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 012 ***138.75

DOCUMENT # L07000089916

1. Entity Name
PERMITS BY PAUL, LLC



Principal Place of Business
327 N. HIGHLANDS DRIVE
HOLLYWOOD, FL 33021

Mailing Address
827 N. HIGHLANDS DRIVE
HOLLYWOOD, FL 33021

60007713



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

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number

65-1316728

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

HUNTER, E.T. ESQ
HUNTER & HUNTER, ESQ
1930 TYLER ST.
HOLLYWOOD, FL 33020

Name

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

City

FL

Zip Code

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.

(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

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

| | | | |
|--|---------------------------------|---|---|
| FILE NAME MGRM HOU LIHAN, PAUL J STREET ADDRESS 827 N. HIGHLANDS DRIVE CITY - ST - ZIP HOLLYWOOD, FL 33021 | <input type="checkbox"/> Delete | TITLE NAME NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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I hereby certify that the information submitted 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 J. Houlihan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/08

Date

Daytime Phone #

954 410 6453

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