

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90270 005 \*\*\*138.75

**DOCUMENT # L07000100516**

1. Entity Name  
**PURPLE DRAGON ENTERPRISES LLC**



Principal Place of Business  
**17819 N.W. 32ND AVENUE  
NEWBERRY, FL 32669 US**

Mailing Address  
**17819 N.W. 32ND AVENUE  
NEWBERRY, FL 32669 US**

**60018422**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**26-2059885**

Applied For

Not Applicable

Zip Country

Zip Country

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

**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 33612-3425**

Name **Prana O Ashodian**

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

**17819 SW 32nd Avenue**

City **Newberry**

**FL** Zip Code **32669**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/28/08**

**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 **MGRM** ☐ Delete  
NAME **ASHODIAN, PRANA O**  
STREET ADDRESS **17819 N.W. 32ND AVENUE**  
CITY- ST- ZIP **NEWBERRY, FL 32669**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY- ST- ZIP

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:

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

**3/28/08**

Date

**352-262-9198**

Daytime Phone #