

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107385

FILED
Jan 05, 2011
Secretary of State

Entity Name: PARYLAK ENTERPRISES, LLC

Current Principal Place of Business:

11025 SPRING HILL DRIVE
SPRING HILL, FL 34608 US

New Principal Place of Business:

Current Mailing Address:

11025 SPRING HILL DRIVE
SPRING HILL, FL 34608 US

New Mailing Address:

11025 SPRING HILL DRIVE
SUITE B
SPRING HILL, FL 34608 US

FEI Number: 26-1384738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTYNIAK, EDWARD F
6106 WATERS WAY
SPRING HILL, FL 34607 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: MGRM
Name: AUGUSTYNIAK, EDWARD F
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGRM
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MRS
Name: AUGUSTYNIAK, PATRICIA M
Address: 11025 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

I hereby 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: PATRICIA M. AUGUSTYNIAK

MGRM

01/05/2011

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