


**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # L07000110738			
<b>1. Entity Name</b> PADE ENTERPRISES, LLC			
<b>Principal Place of Business</b> 6298 44 AVE. N. ST. PETERSBURG, FL 33709		<b>Mailing Address</b> 6298 44 AVE. N. ST. PETERSBURG, FL 33709	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. City & State Zip Country		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>6. Name and Address of Current Registered Agent</b>			
CASON, PAULA 4130 TERIWOOD AVE. ORLANDO, FL 32812			<b>Name</b>
			<b>Street Address</b> 629
			<b>City</b> ST. P
			<b>State</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE:</b> <i>Paula Cason</i> (NOTE: Registered Agent signature required)			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR CASON, PAULA 4130 TERIWOOD AVE. ORLANDO, FL 32812	<input type="checkbox"/> Delete	<b>10.</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM TOROK, DEBBIE 44096 DOVER CENTER RD NORTH OLMSTEAD, OH 44070	<input type="checkbox"/> Delete	MGR C 629 ST
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	MGR TO 409 No
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.</b>			
<b>SIGNATURE:</b> <i>Paula Cason</i>			