2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L07000110738

Entity Name: PADE ENTERPRISES, LLC

Current Principal Place of Business:

6298 44 AVE. N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

3901 45 ST NORTH
UNIT A2
ST. PETERSBURG, FL 33714

Current Mailing Address:

6298 44 AVE. N.
ST. PETERSBURG, FL 33709

New Mailing Address:

3901 45 ST NORTH
UNIT A2
ST. PETERSBURG, FL 33714

FEI Number: 06-1833058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASON, PAULA
6298 44 AVE N
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

CASON, PAULA
3901 45 ST NORTH
UNIT A2
SAINT PETERSBURG, FL 33714 US

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: PAULA CASON 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASON, PAULA
Address: 6298 44 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGRM ( ) Delete
Name: TOROK, DEBBIE
Address: 4096 DOVER CTR RD
City-St-Zip: NORTH OLMSTED, OH 44070

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CASON, PAULA
Address: 3901 45 ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAULA CASON MGRM 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date