

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015486

Entity Name: PAUDAN ENTERPRISES LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

1949 SE 37TH STREET
CAPE CORAL, FL 33904

New Principal Place of Business:

8888 CROWN COLONY BLVD.
FORT MYERS, FL 33908

Current Mailing Address:

1949 SE 37TH STREET
CAPE CORAL, FL 33904

New Mailing Address:

8888 CROWN COLONY BLVD.
FORT MYERS, FL 33908 US

FEI Number: 26-1952096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, DANIEL
1949 SE 37TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

CARR, PAUL J
8888 CROWN COLONY BLVD.
FORT MYERS, FL 33908 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: PAUL J CARR

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PWC LLC,
Address: 5252 SUMMERLIN COMMONS WAY
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM () Delete
Name: DMK HOLDINGS, INC.,
Address: 1949 SE 37TH STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PWC LLC,
Address: 8888 CROWN COLONY BLVD.
City-St-Zip: FORT MYERS, FL 33908

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: PAUL J CARR

PRES

03/12/2009

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