

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057226

Entity Name: PAM TRANSFER, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1860 OLD OKEECHOBEE RD
511
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1860 OLD OKEECHOBEE RD
511
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGER, JAMES
1860 OLD OKEECHOBEE RD
511
WEST PALM BEACH, FL 33409 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 () Delete
Name: LEGER, JAMES
Address: 1860 OLD OKEECHOBEE STE 511
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: CLERGE, CARLINE
Address: 200 BUTLER ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Delete
Name: LEGER, MICHERLANGE
Address: 1702 17TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

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

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

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: JAMESLEGER

GM

04/15/2009

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