

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104176

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** PAUL KRAMER'S ENTERPRISES, LLC

**Current Principal Place of Business:**

325 WOODLAWN CEMETARY ROAD  
GOTA, FL 33734

**New Principal Place of Business:**

325 WOODLAWN CEMETARY ROAD  
GOTHA, FL 34734

**Current Mailing Address:**

325 WOODLAWN CEMETARY ROAD  
GOTA, FL 33734

**New Mailing Address:**

325 WOODLAWN CEMETARY ROAD  
GOTHA, FL 34734

**FEI Number:** 26-3690503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: KRAMER, PAUL  
Address: 325 WOODLAWN CEMETARY ROAD  
City-St-Zip: GOTA, FL 33734

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KRAMER, PAUL  
Address: 325 WOODLAWN CEMETARY ROAD  
City-St-Zip: GOTHA, FL 34734

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 LEE KRAMER

PR

02/04/2009

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