

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105047

Entity Name: PAR 5 CUSTOMS, LLC.

FILED  
Sep 02, 2009  
Secretary of State

**Current Principal Place of Business:**

11749 SHIRBURN CIRCLE  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

11749 SHIRBURN CIRCLE  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BROWN, CURTIS W  
11749 SHIRBURN CIRCLE  
PARRISH, FL 34219 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, ANGELA G  
Address: 11749 SHIRBURN CIRCLE  
City-St-Zip: PARRISH, FL 34219

Title: MGRM ( ) Delete  
Name: BROWN, CURTIS W  
Address: 11749 SHIRBURN CIRCLE  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES:**

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: CURTIS W BROWN

MGRM

09/02/2009

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