

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105047

Entity Name: PAR 5 CUSTOMS, LLC.

**FILED**  
**Apr 24, 2010**  
**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 ( )

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

BROWN, CURTIS W  
11749 SHIRBURN CIRCLE  
PARRISH, FL 34219 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: MGR  
Name: BROWN, ANGELA G  
Address: 11749 SHIRBURN CIRCLE  
City-St-Zip: PARRISH, FL 34219

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

I hereby 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: ANGELA G BROWN

MGR

04/24/2010

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