

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014719

Entity Name: 3439 EAGLE PASS, LLC

FILED  
Apr 28, 2011  
Secretary of State

**Current Principal Place of Business:**

2066 JAMESON AVENUE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6740  
NORTH PORT, FL 34290

**New Mailing Address:**

FEI Number: 27-0885170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASHTENKO, VALENTIN H  
2066 JAMESON AVENUE  
NORTH PORT, FL 34286 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  
Name: PASHTENKO, VALENTIN H  
Address: 2066 JAMESON AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM  
Name: PASHTENKO, NINA  
Address: 2066 JAMESON AVENUE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM  
Name: PASHTENKO, CYNTHIA A  
Address: 2066 JAMESON AVENUE  
City-St-Zip: NORTH PORT, FL 34286

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: CYNTHIA PASHTENKO

MGRM

04/28/2011

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