

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008396

1. Entity Name
PAKSOURCE GLOBAL, L.L.C.



Principal Place of Business
1610 NORTHGATE BOULEVARD
SARASOTA, FL 34234

Mailing Address
1610 NORTHGATE BOULEVARD
SARASOTA, FL 34234



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, E. YVONNE
1610 NORTHGATE BOULEVARD
SARASOTA, FL 34234

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	V
NAME	MURRAY, STUART CHARLES
STREET ADDRESS	1610 NORTHGATE BOULEVARD
CITY- ST- ZIP	SARASOTA, FL 34234
TITLE	S
NAME	MURRAY, YVONNE EDNA
STREET ADDRESS	1610 NORTHGATE BOULEVARD
CITY- ST- ZIP	SARASOTA, FL 34234
TITLE	MGR
NAME	CHRISTENSEN, SANDRA-LEIGH
STREET ADDRESS	1610 NORTHGATE BOULEVARD
CITY- ST- ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000744310
05/15/07-80144-002 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stuart C Murray

4/26/07

941-359-6678

Date

Days/No Phone #