

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 005 ****50.00

DOCUMENT # M05000005942

1. Entity Name
PAULDING EXCHANGE, LLC



Principal Place of Business Mailing Address
1000 MANSELL EXCHANGE WEST, BLD. 200, #210 1000 MANSELL EXCHANGE WEST, BLD. 200, #210
ALPHARETTA, GA 30022 ALPHARETTA, GA 30022

00017046



01122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3767544

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 **MGR**
NAME **KOLBRENER, CHARLES W**
STREET ADDRESS **1000 MANSELL EXCHANGE WEST, BLD. 200, #210**
CITY-ST-ZIP **ALPHARETTA, GA 30022**

TITLE **MGR**
NAME **BRIDGES, JAMES E**
STREET ADDRESS **1000 MANSELL EXCHANGE WEST, BLD. 200, #210**
CITY-ST-ZIP **ALPHARETTA, GA 30022**

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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: *Kathy Smith* **Kathy Smith**

2/6/2007 **2/6/2007** *678-297-0909*

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

Date

Daytime Phone #