

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000046370

**Entity Name:** PAX MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

405 N CHERRY STREET  
BUNNELL, FL 32110

**Current Mailing Address:**

405 N CHERRY STREET  
BUNNELL, FL 32110

**FEI Number:** 51-0578765

**Certificate of Status Desired:** No

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

PAXIA, ROBERT  
405 N CHERRY STREET  
BUNNELL, FL 32110 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

**Authorized Person(s) Detail :**

Title P  
Name PAXIA, ROBERT  
Address 405 N CHERRY ST  
City-State-Zip: BUNNELL FL 32110

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT S PAXIA

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date