

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014719

Entity Name: 3439 EAGLE PASS, LLC

Current Principal Place of Business:

2066 JAMESON AVENUE
NORTH PORT, FL 34286

Current Mailing Address:

P.O. BOX 6740
NORTH PORT, FL 34290

FEI Number: 26-4212434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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

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: CYNTHIA PASHTENKO

MGRM

04/20/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date