

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077664

**Entity Name:** THE PAULANN AGENCY, LLC

**Current Principal Place of Business:**

8834 DUNES CT. 13-104  
KISSIMMEE, FL 34747

**Current Mailing Address:**

8834 DUNES CT. 13-104  
KISSIMMEE, FL 34747 US

**FEI Number: 45-2605774**

**Certificate of Status Desired: No**

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

WILD, MICHAEL D  
101 N PINE ISLAND RD  
STE 201  
PLANTATION, FL 33324 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 THE PAULANN AGENCY, LLC  
(DELAWARE)  
Address 2711 CENTERVILLE RD, STE 400  
City-State-Zip: WILMINGTON DE 19808

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS GORMADY**

**MANAGER**

**03/16/2015**

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

\_\_\_\_\_  
Date