

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000250512

**Entity Name:** 36 PAGO PAGO, LLC

**Current Principal Place of Business:**

844 PIONEER AVE.  
HOLLAND, MI 49423

**Current Mailing Address:**

844 PIONEER AVE.  
HOLLAND, MI 49423

**FEI Number:** 84-1915933

**Certificate of Status Desired:** No

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

DUNKIN, DAVID A  
170 WEST DEARBORN STREET  
ENGLEWOOD, FL 34223 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 BAILLARGEON, JOSEPH P  
Address 844 PIONEER AVE.  
City-State-Zip: HOLLAND MI 49423

Title MGRM  
Name BAILLARGEON, JEFFREY L  
Address 1980 GREGORY ROAD  
City-State-Zip: BRUTUS MI 49716

Title MBR  
Name BAILLARGEON, JAMES S  
Address 1216 PLEASANT ST  
City-State-Zip: BOYNE CITY MI 49712

Title MBR  
Name KERSCHNER, MARY A  
Address 108 SOUTH BROOK  
City-State-Zip: KILLEEN TX 76542

Title MBR  
Name KERSCHNER, GARRET  
Address 108 SOUTH BROOK  
City-State-Zip: KILLEEN TX 76542

*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:** JOSEPH P. BAILLARGEON

**MANAGING MEMBER**

**02/23/2022**

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

\_\_\_\_\_  
Date