

DOCUMENT # L04000001777
1. Entity Name
PCES, LLC



Principal Place of Business
6001 TAYLOR ROAD
NAPLES, FL 34109
Mailing Address
6632 STONEGATE DRIVE
NAPLES, FL 34109



01182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0558857
Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SADEZ, EMILIO J
6632 STONEGATE DRIVE
NAPLES, FL 34109

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROCKETT, PAMELA 6001 TAYLOR ROAD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADEZ, EMILIO J. AS TRUSTEE 6632 STONEGATE DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/09/06-80034-002 50.00

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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: Emilio Sadez MGRM 1/26/06 289 591 114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: Daniel C. Libera, Managing Member 1-30-06 904-786-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #