

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000078134

1. Entity Name
P.C.M - L.L.C.



Principal Place of Business
6699 SHERIDAN ROAD
MELBOURNE VILLAGE, FL 32904

Mailing Address
6699 SHERIDAN ROAD
MELBOURNE VILLAGE, FL 32904



03232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1801136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD, TAYLOR
3150 N. WICKHAM RD
STE. 3
MELBOURNE, FL 32935

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CAROL A., GRAVES
STREET ADDRESS 6699 SHERIDAN RD
CITY-ST-ZIP MELBOURNE VILLAGE, FL 32904

TITLE MGR
NAME MARTIN, LLORENS
STREET ADDRESS 6699 SHERIDAN RD
CITY-ST-ZIP MELBOURNE VILLAGE, FL 32904

TITLE MGR
NAME PAUL L., WILMES
STREET ADDRESS 6699 SHERIDAN RD
CITY-ST-ZIP MELBOURNE VILLAGE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000884401
04/17/08-80043-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Paul L. Wilmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/02/08

Date

321-
984-1200

Daytime Phone #