

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024059

Entity Name: P. D. H. LLC

**Current Principal Place of Business:**

225 NW BAYPATH DRIVE  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

225 NW BAYPATH DRIVE  
CRYSTAL RIVER, FL 34428 US

FEI Number: 20-5180749

Certificate of Status Desired: No

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

FITZPATRICK, PATRICK S  
225 N W BAY PATH DRIVE  
CRYSTAL RIVER, FL 34429 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 FITZPATRICK, PATRICK S  
Address 227 NW BAYPATH DRIVE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title MGRM  
Name YOX, DALE R  
Address 335 N W MAGNOLIA CIRCLE  
City-State-Zip: CRYSTAL RIVER FL 34429

Title MGRM  
Name YOX, GLENN L  
Address 8916 W WAUCHULA DRIVE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title MGRM  
Name PERNU, EDWARD J  
Address 4965 W ANGUS DRIVE  
City-State-Zip: BEVERLY HILLS FL 34465

*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: PATRICK S. FITZPATRICK

MGRM

03/15/2016

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

\_\_\_\_\_  
Date