

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130930

**Entity Name:** PCMV, LLC

**Current Principal Place of Business:**

10688 CRESTWOOD DRIVE, SUITE D  
MANASSAS, VA 20109

**Current Mailing Address:**

10688 CRESTWOOD DRIVE, SUITE D  
MANASSAS, VA 20109 US

**FEI Number:** 45-3994915

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGR	Title	MGR
Name	STAPLES, CHARLES K	Name	MIRAGLIA, MICHAEL L
Address	10688 CRESTWOOD DRIVE, SUITE D	Address	10688 CRESTWOOD DRIVE, SUITE D
City-State-Zip:	MANASSAS VA 20109	City-State-Zip:	MANASSAS VA 20109

*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:** CHARLES K STAPLES

**MANAGER**

**04/04/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date