

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90270 007 ****50.00

DOCUMENT # L00000000530

1. Entity Name

PCS, L.L.C.

DO NOT WRITE IN THIS SPACE

967262

2. Principal Place of Business

240 S. PINEAPPLE AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 702

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0981093

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

SARASOTA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SABA, WILLIAM A.

Street Address (P.O. Box Number is Not Acceptable)

240 S. PINEAPPLE AVE., SUITE 702

City

SARASOTA

FL

Zip Code
34236

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
SABA, WILLIAM A.
240 S. PINEAPPLE AVE., SUITE 702
SARASOTA, FL 34236-6724

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

4/30/02

Date

(941) 365-9400

Daytime Phone #

CR2E083B (12/01)