

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000001904

1. Entity Name

THE PCS MANAGEMENT GROUP LLC



Principal Place of Business

2506 BAYSHORE DRIVE
BELLEAIR BEACH, FL 33786

Mailing Address

2506 BAYSHORE DRIVE
BELLEAIR BEACH, FL 33786



01072006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3632236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

BENDER, PHILIP
2506 BAYSHORE DR.
BELLEAIR, FL 33706

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	PTNR
NAME	BENDER, PHILIP
STREET ADDRESS	2506 BAYSHORE DR.
CITY-ST-ZIP	BELLEAIR BEACH, FL 33706
TITLE	PTNR
NAME	BENDER, CAROLEE
STREET ADDRESS	2506 BAYSHORE DRIVE
CITY-ST-ZIP	BELLEAIR BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100111332996
01/25/06-80003-007 50.00

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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:

Philip Bender Carolee Bender

1/16/06

727 517 9576

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

Date

Daytime Phone #