

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90103 001 \*\*\*\*50.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3632236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BENDER, PHILIP  
2506 BAYSHORE DR.  
BELLEAIR FL 33706**

Name

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

City

**FL**

Zip Code

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

| TITLE | NAME                   | STREET ADDRESS             | CITY-ST-ZIP                    |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|------------------------|----------------------------|--------------------------------|---------------------------------|-------|------|----------------|-------------|---|
|       | <b>MGR</b>             |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | <b>BENDER, PHILIP</b>  | <b>2506 BAYSHORE DR.</b>   | <b>BELLEAIR BEACH FL 33706</b> |                                 |       |      |                |             |   |
|       | <b>MGR</b>             |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | <b>BENDER, CAROLEE</b> | <b>2506 BAYSHORE DRIVE</b> | <b>BELLEAIR BEACH FL 33706</b> |                                 |       |      |                |             |   |
|       |                        |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                        |                            |                                |                                 |       |      |                |             |   |
|       |                        |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                        |                            |                                |                                 |       |      |                |             |   |
|       |                        |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                        |                            |                                |                                 |       |      |                |             |   |
|       |                        |                            |                                | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                        |                            |                                |                                 |       |      |                |             |   |

CR2E083 (10/02)

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:** *Philip Bender* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

*1/6/03*

*727-517-9576*