

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014749

Entity Name: PCC FINANCIAL ADVISORS, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

33 FLAGLER AVE.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

33 FLAGLER AVE.
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1052013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, GORDON O
33 FLAGLER AVE.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PROCTOR, GORDON O
Address: 1110 N.E. TOWN TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: VT () Delete
Name: CROOK, T. MICHAEL
Address: 33 FLAGLER AVE.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CROWDER-MCCOY, NANCY B
Address: 33 FLAGLER AVE.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: PAYNE, KEVIN M
Address: 33 FLAGLER AVE.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: LAYCOCK, TODD J
Address: 33 FLAGLER AVE.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SANDERS, WAYNE S
Address: 33 FLAGLER AVE.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GORDON PROCTOR

P

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date