

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

04 APR 28 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005659

1. Entity Name
P M I, LLC



Principal Place of Business
9105 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32311

Mailing Address
9105 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32311

2. Principal Place of Business
Petrandis
Suite, Apt. 4178 Apalachee Pkwy.
Tallahassee, FL 32311
City & State

3. Mailing Address
Petrandis
Suite, Apt. 4178 Apalachee Pkwy.
Tallahassee, FL 32311
City & State



04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
45-0472438
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRANDIS, JOHNNY II
9105 OLD ST. AUGUSTINE ROAD
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name **Johnny Petrandis, II**
Street Address (P.O. Box Number is Not Acceptable)
4178 Apalachee Pkwy.
Tallahassee, FL 32311
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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRANDIS, JOHNNY II 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCAR Johnny Petrandis II 4178 Apalachee Pkwy. Tallahassee, FL 32311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500035553975 05/06/04--01024--009 ***550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #