

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019815

Entity Name: P&R DEVELOPMENTS LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7857 W SAMPLE RD
CORAL SPRINGS, FL 33064

New Principal Place of Business:

6601 LYONS RD
SUITE B-8
COCONUT CREEK, FL 33073

Current Mailing Address:

7857 W SAMPLE RD
CORAL SPRINGS, FL 33064

New Mailing Address:

6601 LYONS RD
SUITE B-8
COCONUT CREEK, FL 33073

FEI Number: 65-1152631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINCHAS, YARON
7857 W SAMPLE RD STE 151
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

PINCHAS, YARON
6601 LYONS RD
COCONUT CREEK, FL 33073 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIZER, ISHAC
Address: 7857 W SAMPLE RD STE 151
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: PINCHAS, YARON
Address: 7857 W SAMPLE RD STE 151
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIZER, ISHAC
Address: 6601 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073

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: YARON PINCHAS

MGRM

04/30/2009

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