

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90030 007 \*\*\*\*50.00

**DOCUMENT # L01000020375**

1. Entity Name  
PCP, LLC



Principal Place of Business  
240 S. PINEAPPLE AVENUE  
SUITE 702  
SARASOTA, FL 34236 US

Mailing Address  
240 S. PINEAPPLE AVENUE  
SUITE 702  
SARASOTA, FL 34236 US

**DO NOT WRITE IN THIS SPACE**



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1157178

Applied For  
Not Applicable

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

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

SABA, WILLIAM A  
240 S. PINEAPPLE AVENUE  
SUITE 702  
SARASOTA, FL 34236

**DO NOT WRITE  
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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SABA, WILLIAM A
STREET ADDRESS	240 S PINEAPPLE AVE, STE 702
CITY-ST-ZIP	SARASOTA, FL 342366724

TITLE	
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CITY-ST-ZIP	

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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:** *William A Saba*

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

Date

Daytime Phone #

*5/3/05*

*(941) 365-9400*