

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

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90296 014 ****50.00

DOCUMENT # L01000021089

1. Entity Name

PFG OF FLORIDA LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3150 Gallagher Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 730
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dover, FL

City & State

Dover, FL

4. FEI Number

52-2361141

Applied For

Not Applicable

Zip

33527

Country

NHills

Zip

33527

Country

NHillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joel Grade

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

3150 N. Gallagher Rd

City

Dover

FL

Zip Code

33527

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

6/12/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mike Colosi 3150 N. Gallagher Rd Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joel Grade 3150 N. Gallagher Rd. Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Robert Fishbein 12500 West Creek Parkway Richmond, VA 23238
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CR2E083B (12/01)

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

Joel T. Grade

Date

6/12/02

Daytime Phone #

(813) 359-2720