

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90141 045 \*\*\*\*50.00

**DOCUMENT # L02000017616**

1. Entity Name  
PCD INVESTMENTS, LLC



Principal Place of Business  
312 S.E. 17TH ST., 2ND FLOOR  
FT LAUDERDALE, FL 33316

Mailing Address  
312 S.E. 17TH ST., 2ND FLOOR  
FT LAUDERDALE, FL 33316



02132004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0475692

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

SAAVEDRA, DAMASO W ESQ  
312 S.E. 17TH ST., 2ND FLOOR  
FT LAUDERDALE, FL 33316

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME CASORIA, PETER JR.  
STREET ADDRESS 552 NE 34TH COURT  
CITY-ST-ZIP OAKLAND PARK, FL 33334

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:** *Peter Casoria*

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

*2/20/04* *954 564 5096*  
Date Daytime Phone #