

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90049 029 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000020598**

1. Entity Name  
PDI, LLC



Principal Place of Business

900 DANIELS PKWY  
SUITE 200  
FORT MYERS, FL 33912

Mailing Address

900 DANIELS PKWY  
SUITE 200  
FORT MYERS, FL 33912

20028672



04052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

32-0037943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA  
201 N FRANKLIN ST  
STE 2100  
TAMPA, FL 33602

**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	MGR
NAME	REISMAN, JOHN
STREET ADDRESS	9001 DANIELS PKWY SUITE 200
CITY-ST-ZIP	FORT MYERS, FL 33912

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

DAVID KUIZNER

4/8/05

239.481.5040

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

Date

Daytime Phone #