

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027845

Entity Name: PYLEES, LLC

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

3880 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33066

**New Principal Place of Business:**

**Current Mailing Address:**

1861 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

220 SW NATURA AVENUE  
DEERFIELD BEACH, FL 33441

FEI Number: 32-0042941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BESSY KOTTURAN  
6974 NW 63RD WAY  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

PAUL KOTTURAN  
6974 NW 63RD WAY  
PARKLAND, FL 33067 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: PAUL KOTTURAN

03/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KOTTURAN, PAUL M.D.  
Address: 1861 WEST HILLSBORO BLVD.  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KOTTURAN, PAUL M.D.  
Address: 220 SW NATURA AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: PAUL KOTTURAN

DR

03/27/2009

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