

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90187 023 \*\*\*\*50.00

**DOCUMENT # L02000028011**

1. Entity Name  
PRCL, LLC



Principal Place of Business

269 SOUTH OSPREY AVENUE, SUITE 200  
SARASOTA, FL 34236

Mailing Address

269 SOUTH OSPREY AVENUE, SUITE 200  
SARASOTA, FL 34236

20001306



01192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1858365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAYTON, CATHY L  
269 SOUTH OSPREY AVENUE, SUITE 200  
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LAYTON, CATHY L  
STREET ADDRESS 269 SOUTH OSPREY AVENUE, SUITE 200  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR  
NAME RUSSELL, STEPHEN  
STREET ADDRESS 269 SOUTH OSPREY AVENUE, SUITE 200  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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 of 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/06

741 953 3757