1 of 2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/8/2003-90025-003-$50.00-$50.00

DOCUMENT # L02000028011

1. Entity Name
PRCL, LLC

FILED
03 OCT 16 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
107 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA FL 34236	107 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA FL 34236

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
LAYTON, CATHY L 107 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cathy Layton, Manager 107 S. Osprey Ave #200 Sarasota, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stephen Russell, Manager 107 S. Osprey Ave #200 Sarasota, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

10/14 [initials]

CR2E083 (10/02)

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] SIGNATURE REQUIRED 4/1/03 9419533757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

0:202

107 S. Osprey Avenue, Suite 200
Sarasota, FL 34236
941-331-4301 PHONE
941-331-4302 FAX

PRCL, LLC

FACSIMILE

To:	Registration Section, Div. of Corporations	**From:**	Bonnie Wiedeman
Re:	Dissolution Notice	**Date:**	10/16/2003
cc:		**# Pages**	4

☐ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Dear Registration Section Representative:

I spoke with a Ms. Marsha Thomas today regarding a notice we received today relative to the dissolution of PRCL, LLC entity #L02000028011. On April 11, 2003, we received a notice stating that you required more information, which we provided and mailed back to you on that same day.

Today, we received the attached notice, and would appreciate you reinstating the entity and waiving the fee.

I would appreciate a call-back confirming that you received this request and will reinstate this entity.

Thank you.