

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 003 ****50.00

DOCUMENT # L03000004247

1. Entity Name
PCC, LLC



Principal Place of Business
**240 S. PINEAPPLE AVENUE
SUITE 702
SARASOTA, FL 34236 US**

Mailing Address
**240 S. PINEAPPLE AVENUE
SUITE 702
SARASOTA, FL 34236 US**

DO NOT WRITE IN THIS SPACE



01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1171867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SABA, WILLIAM A
240 S. PINEAPPLE AVENUE
SUITE 702
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SABA, WILLIAM A
STREET ADDRESS	240 SOUTH PINEAPPLE AVE STE 702
CITY-ST-ZIP	SARASOTA, FL 34236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William A. Saba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/3/05 (941) 365-9400