

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006172

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PFP LLC

## Current Principal Place of Business:

1512 NORBERT TERRACE  
DELTONA, FL 32738

## New Principal Place of Business:

1516 FORT SMITH BULIVARD  
DELTONA, FL 32725

## Current Mailing Address:

915 DOYLE ROAD  
SUITE 303 - BOX 107  
DELTONA, FL 32725

## New Mailing Address:

FEI Number: 20-4389025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARTHUR GRAHAM  
444 SEABREEZE BLVD  
SUITE 1001  
DAYTONA BEACH, FL 32118 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PHELPS, DAVID CEO  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: PHELPS, RUTH H CFO  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: COLEMAN, MICHAEL J PRES.  
Address: 1512 NORBERT TERRACE  
City-St-Zip: DELTONA, FL 32738

Title: MGRM ( ) Delete  
Name: PHELPS, TREVOR K PARTNER  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: PHELPS, AMY J PARTNER  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

Title: MGRM ( ) Delete  
Name: PHELPS, JESSICA J PARTNER  
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID PHELPS

CEO

04/30/2009

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