

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006784

Entity Name: PCS, LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

435 WEST FOREST TRAIL  
VERO BEACH, FL 32962

**New Principal Place of Business:**

PO BOX 110156  
NAPLES, FL 34108 01

**Current Mailing Address:**

435 WEST FOREST TRAIL  
VERO BEACH, FL 32962

**New Mailing Address:**

PO BOX 110156  
NAPLES, FL 34108

FEI Number: 27-0047496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPEECHLY, CLIFFORD S JR.  
435 WEST FOREST TRAIL  
VERO BEACH, FL 32962 US

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

WHITE, WILLIAM D  
2310 DELLA DRIVE  
NAPLES, FL 34117 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: WILLIAM D WHITE

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: SPEECHLY, CLIFFORD S JR.  
Address: PO BOX 110156  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: WHITE, WILLIAM D  
Address: PO BOX 110156  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES:**

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 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: WILLIAM D WHITE

MGRM

01/04/2007

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