

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 034 ****55.00

DOCUMENT # L03000031056

1. Entity Name

PCS ATLANTIC, LLC



Principal Place of Business

14603 BEACH BLVD. #800
JACKSONVILLE FL 32250

Mailing Address

14603 BEACH BLVD. #800
JACKSONVILLE FL 32250

2. Principal Place of Business

8767 PEMMETER PARK BLVD

3. Mailing Address

8767 PEMMETER PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

56-2370967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRIAN
14603 BEACH BLVD. #800
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name SMITH, BRIAN J.

Street Address (P.O. Box Number Not Acceptable)

8767 PEMMETER PARK BLVD.

City

JACKSONVILLE

FL

Zip Code

32216

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

2/16/5

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE CEO ☐ Delete
NAME SMITH, BRIAN
STREET ADDRESS 14603 BEACH BLVD #300
CITY-ST-ZIP JACKSONVILLE FL 32230

TITLE P ☐ Delete
NAME LEWIS, B
STREET ADDRESS 14603 BEACH BLVD #300
CITY-ST-ZIP JACKSONVILLE FL 32230

TITLE CFO ☐ Delete
NAME CHONG, KYLE
STREET ADDRESS 14603 BEACH BLVD #300
CITY-ST-ZIP JACKSONVILLE FL 32230

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PEMMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PEMMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PEMMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/5 (904) 223-8447