2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031056

1. Entity Name
PCS ATLANTIC, LLC

Principal Place of Business	Mailing Address
8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216	8767 PERIMETER PARK BLVD JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

03032006 No Chg-LLC CR2E083 (11/05)

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
8767 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

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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 _____ 3/3/6
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, 2006

H06000077815
04/07/06-80004-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	CEO
NAME	SMITH, BRIAN
STREET ADDRESS	8767 PERIMETER PARK BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	P
NAME	LEWIS, B
STREET ADDRESS	8767 PERIMETER PARK BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	CFO
NAME	CHONG, KYLE
STREET ADDRESS	8767 PERIMETER PARK BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/3/6 (904) 223-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #