

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 002 ****55.00

DOCUMENT # L03000031218

1. Entity Name

PCS ATLANTIC STATES LLC



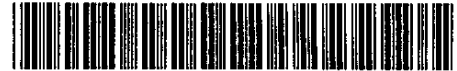
Principal Place of Business

14603 BEACH BLVD, STE 800
JACKSONVILLE BEACH FL 32250

Mailing Address

14603 BEACH BLVD, STE 800
JACKSONVILLE BEACH FL 32250

20014947



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

8767 PENNEMER PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

8767 PENNEMER PARK BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVA

City & State

JACKSONVILLE, FL

Zip

32216

Country

DUVA

4. FEI Number

37-1473280

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 BEACH FL 32250

7. Name and Address of New Registered Agent

Name SMITH, BRIAN J
Street Address (P.O. Box Number is Not Acceptable)
8767 PENNEMER 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 MGR ☐ Delete
NAME SMITH, BRIAN J
STREET ADDRESS 14603 BEACH BLVD, STE 800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGR ☐ Delete
NAME LEWIS, BRANDON
STREET ADDRESS 14603 BEACH BLVD, STE 800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGR ☐ Delete
NAME CHONG, KYLE
STREET ADDRESS 14603 BEACH ROAD, #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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 CEO ☒ Change ☐ Addition
NAME SMITH, BRIAN J
STREET ADDRESS 8767 PENNEMER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE P ☒ Change ☐ Addition
NAME LEWIS, BRANDON G
STREET ADDRESS 8767 PENNEMER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

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

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

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)223-8448