## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Aug 07, 2006 08:00 Al Secretary of State DOCUMENT # L03000041137 1. Entity Name PESI NUMBER 1, L.L.C. Principal Place of Business Mailing Address 1128 WEST MAIN STREET 1128 WEST MAIN STREET **INVERNESS FL 34450 INVERNESS FL 34450** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) 4. FEI Number Applied For City & State City & State **NO-T APPLICABLE** Not Applicable Country Country \$5.00 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAGRANDE, LOUIS A ESQ 1245 COURT ST., STE. 102 CLEARWATER FL 33756 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE U00000573540 FAGAN, RONALD J MANAGER NAME NAME 08/07/06-80001-018 50.00 1128 WEST MAIN STREET STREET ADDRESS STREET ADDRESS **INVERNESS FL 34450** CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change TILLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete me ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flonda 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 empty effect to execute this report as required by Chapter 608, Florida Statutes.

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

Date

Daytimo Phone #