

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90104 041 ****55.00

DOCUMENT # L03000044547

1. Entity Name

PCS DIVISION OF GEORGIA 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

24009563



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-040189

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name BRIAN SMITH

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

14603 BEACH BLVD #800

City JACKSONVILLE BEACH

FL

Zip Code 32250

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

Brian Smith
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

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 G
STREET ADDRESS 14603 BEACH BLVD., STE. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGR ☐ Delete
NAME KYLE CHONG
STREET ADDRESS 14603 BEACH BLVD #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 ☐ 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 #

2/3/04 (904) 223-8448