



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90129 001 \*\*\*\*55.00

<b>DOCUMENT # L03000045779</b> 1. Entity Name <b>P &amp; C SOLUTIONS, LLC</b>					
Principal Place of Business <b>1765 E. NINE MILE ROAD, SUITE 1 (283)</b> <b>PENSACOLA, FL 32514</b>			Mailing Address <del><b>1765 E. NINE MILE ROAD, SUITE 1 (283)</b></del> <b>PENSACOLA, FL 32514</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1305 CREEK BRIDGE Rd</b> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03042006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>34-1992726</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent	
CAIN, PATRICIA A <del><b>1765 E. NINE MILE ROAD, SUITE 1 (283)</b></del> <b>PENSACOLA, FL 32514</b>				7. Name and Address of New Registered Agent Name <b>1305 CREEK BRIDGE ROAD</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAIN, PATRICIA A <b>1305 CREEK BRIDGE Rd</b> <del><b>1765 E. NINE MILE ROAD, SUITE 1 (283)</b></del> <b>PENSACOLA, FL 32514</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>Patricia A. Cain</i> <i>4 March 2006</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					