

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90083 010 \*\*\*538.75

**DOCUMENT # L03000053655**

1. Entity Name  
PFP FLEX, LLC



Principal Place of Business  
10970 S CLEVELAND AVE  
FORT MYERS, FL 33907

Mailing Address  
10970 S CLEVELAND AVE  
STE 303  
FORT MYERS, FL 33907

**50008702**



07152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0493299

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KEENE, WILLIAM T  
10 GEORGE TOWN  
FORT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KEENE, WILLIAM T
STREET ADDRESS	10 GEORGE TOWN
CITY-STATE-ZIP	FORT MYERS, FL 33919
TITLE	MGR
NAME	TOWNSEND, WILLIAM S SR
STREET ADDRESS	10 GEORGE TOWN
CITY-STATE-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *William T. Keene*

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

*7-15-08*

Date

Daytime Phone #

*239-939-0524*