

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053655

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: PFP FLEX, LLC

**Current Principal Place of Business:**

10970 S CLEVELAND AVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

10970 S CLEVELAND AVE  
SUITE 303  
FORT MYERS, FL 33907

**Current Mailing Address:**

10970 S CLEVELAND AVE  
STE 303  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-0493299      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KEENE, WILLIAM T  
Address: 10 GEORGE TOWN  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date