

FILED
Sep 12, 2005 8:00 am
Secretary of State



08-25-2005 90107 001 ****50.00

FROM : Denitto's

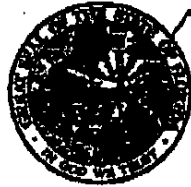
PHONE NO. : 9413622962

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**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000012249			
1. Entity Name P.C.S. LC			
Principal Place of Business 480 BELINI CIR NOKOMIS, FL 34275		Mailing Address 480 BELINI CIR NOKOMIS, FL 34275	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EIN Number 30-0232890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent BARON, ROBERT G 480 BELINI CIR NOKOMIS, FL 34275		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 Signature, typed or printed name of registered agent through a corporation NOTE: Registered Agent signature required when relieving DATE			
Filing Fee is \$600.00 Due by September 7, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BARON, ROBERT G 480 BELINI CIR NOKOMIS, FL 34275 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President GARY T. DENITTO 3227 P.O. OAKS STREET SARASOTA FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 179.07(2)(b), 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 605, Florida Statutes.			
SIGNATURE  Signature and Title of Managing Member, Receiver, Trustee, or Authorized Representative		7-11-05 966-3529 Date	

ATTACHMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 26, 2005

P.C.S. LC
460 BELINI CIR
NOKOMIS, FL 34275

Subject: P.C.S. LC

Reference Number:

L04000012249

Resent with FEI 9/7/05

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS
ANNUAL REPORTS SECTION

1-800-829-4933