

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012636

Entity Name: PCA ACQUISITIONS, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

900 S. PINE ISLAND RD, SUITE 120
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

258 CHAPMAN RD.
SUITE 205
NEWARK, DE 19702

New Mailing Address:

1002 JUSTISON STREET
WILMINGTON, DE 19801

FEI Number: 20-0751958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHAIR, LANCE
900 S PINE ISLAND RD STE 120
FORT LAUDERDALE, FL 33324 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: MGRM () Delete
Name: COHEN, ADAM S
Address: 695 RANOCAS ROAD
City-St-Zip: WESTAMPTON, NJ 08060 US

Title: MGRM () Delete
Name: PHILLIPS, MATTHEW M
Address: 695 RANOCAS ROAD
City-St-Zip: WESTAMPTON, NJ 08060 US

Title: MGRM () Delete
Name: ENDERS, HOWARD A
Address: 695 RANOCAS ROAD
City-St-Zip: WESTAMPTON, NJ 08060 US

ADDITIONS/CHANGES:

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

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

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: HOWARD A ENDERS

MGRM

01/16/2009

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