

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90044 005 \*\*\*\*50.00

DOCUMENT # L04000017961

1. Entity Name  
PCA MARKETING GROUP, LLC



Principal Place of Business  
4925 PARK RIDGE BOULEVARD  
BOYNTON BEACH, FL 33426 US

Mailing Address  
4925 PARK RIDGE BOULEVARD  
BOYNTON BEACH, FL 33426 US

20020672



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
65-1017098

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLEAKLEY, DENNIS M  
4925 PARK RIDGE BOULEVARD  
BOYNTON BEACH, FL 33426

Name Richard B. Comiter

Street Address (P.O. Box Number is Not Acceptable)

Suite 604

City Palm Beach Gardens, FL Zip Code 33410

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

Richard B. Comiter

3/1/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PACKAGING CONCEPTS ASSOC., LLC ☐ Delete  
STREET ADDRESS 4925 PARK RIDGE BLVD  
CITY - ST - ZIP BOYNTON BEACH, FL 33426

TITLE MGRM ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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.

Packaging Concepts Assoc., LLC, MGRM

By: Philip Meshberg, MGRM

SIGNATURE:

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

Date

Daytime Phone #