

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000018223

1. Entity Name
P.G.A., LLC



Principal Place of Business
3410 DOVER DR
PUNTA GORDA, FL 33983

Mailing Address
3410 DOVER DR
PUNTA GORDA, FL 33983



09062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JEFFERY S
3410 DOVER DR
PUNTA GORDA, FL 33983

**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 _____

**Filing Fee is \$50.00
Due by September 15, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DAVIS, JEFFERY S
3410 DOVER DR
PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/11/06-80001-012 55.00

**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: _____

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

9-6-06 941-740-6633

Date

Daytime Phone #