

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000019158

1. Entity Name  
PTO, LLC



Principal Place of Business

3300 PUBLIX CORPORATE PKWY  
LAKELAND, FL 33811-3311

Mailing Address

P O BOX 32018  
LAKELAND, FL 33802-2018



03262008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

74-3117136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATTAWAY, JOHN A JR.  
3300 PUBLIX CORPORATE PKWY  
LAKELAND, FL 33811-3311

**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)

000000000000

04/16/08 00002 021 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE S  
NAME ATTEWAY, JOHN A JR  
STREET ADDRESS 3300 PUBLIX CORPORATE PKWY  
CITY-ST-ZIP LAKELAND, FL 338113311

TITLE VPT  
NAME BORNMANN, DAVID E  
STREET ADDRESS 3300 PUBLIX CORPORATE PKWY  
CITY-ST-ZIP LAKELAND, FL 338113311

TITLE P  
NAME PHILLIPS, DAVID P  
STREET ADDRESS 3300 PUBLIX CORPORATE PKWY  
CITY-ST-ZIP LAKELAND, FL 338113311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #

John A. Attaway, Jr 3/30/2008