

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019158

Entity Name: PTO, LLC

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

3300 PUBLIX CORPORATE PKWY
LAKELAND, FL 338113311

New Principal Place of Business:

Current Mailing Address:

P O BOX 32018
LAKELAND, FL 338022018

New Mailing Address:

P O BOX 32018
TREASURY LICENSES
LAKELAND, FL 338022018

FEI Number: 74-3117136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTAWAY, JOHN A JR.
3300 PUBLIX CORPORATE PKWY
LAKELAND, FL 338113311 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: S () Delete
Name: ATTEWAY, JOHN A JR
Address: 3300 PUBLIX CORPORATE PKWY
City-St-Zip: LAKELAND, FL 338113311

Title: VPT () Delete
Name: BORNMAN, DAVID E
Address: 3300 PUBLIX CORPORATE PKWY
City-St-Zip: LAKELAND, FL 338113311

Title: P () Delete
Name: PHILLIPS, DAVID P
Address: 3300 PUBLIX CORPORATE PKWY
City-St-Zip: LAKELAND, FL 338113311

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: JOHN A. ATTAWAY, JR.

S

02/26/2009

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