


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000037772 1. Entity Name PRHCT, LLC	
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Principal Place of Business 244 TECUMSEH LANE MARY ESTHER, FL 32569	Mailing Address 244 TECUMSEH LANE MARY ESTHER, FL 32569
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 32-0119200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLIAMSON, A. WAYNE
WELTON & WILLIAMSON, P.A.
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536**

**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)

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

0000000918052
05/13/08-80067-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, RUSSELL TENANT 244 TECUMSEH LANE MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, PATRICIA TENANT 244 TECUMSEH LANE MARY ESTHER, FL 32569
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Patricia Haas* **PATRICIA HAAS** *4/21/08* **850-581-2755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #