

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000040396

1. Entity Name
PYC MANAGEMENT LLC



Principal Place of Business
**8480 E. ORCHARD ROAD, STE. 6200
GREENWOOD VILLAGE, CO 80111-5029**

Mailing Address
**6300 PASADENA POINT BLVD, SO.
GULFPORT, FL 33707 US**



02152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1927019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U000000912001
05/07/08-80062-008 693.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAVETTE, DONALD B 8480 E. ORCHARD ROAD, STE 6200 GREENWOOD VILLAGE, CO 801115029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, MICHAEL 8480 E. ORCHARD ROAD, STE 6200 GREENWOOD VILLAGE, CO 801115029
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**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: Donald Gravette

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

Date _____

Daytime Phone # _____