

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90154 037 ****55.00

DOCUMENT # L04000063629

1. Entity Name

PCS DIVISION OF ILLINOIS, LLC



Principal Place of Business

14603 BEACH BLVD. #800
JACKSONVILLE BEACH FL 32250

Mailing Address

14603 BEACH BLVD. #800
JACKSONVILLE BEACH FL 32250

20014964



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

8767 PERIMETER PARK BLVD

3. Mailing Address

8767 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

20-1555471

Applied For

Not Applicable

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

SMITH, BRIAN J

Street Address (P.O. Box Number is Not Acceptable)

8767 PERIMETER PARK BLVD

City

JACKSONVILLE

FL

Zip Code

32216

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)

2/16/15

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SMITH, BRIAN
STREET ADDRESS 14603 BEACH BLVD. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGRM ☐ Delete
NAME LEWIS, BRANDON
STREET ADDRESS 14603 BEACH BLVD. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE MGRM ☐ Delete
NAME CHONG, KYLE
STREET ADDRESS 14603 BEACH BLVD. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE CEO ☒ Change ☐ Addition
NAME SMITH, BRIAN J
STREET ADDRESS 8767 PERIMETER PARK BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE P ☒ Change ☐ Addition
NAME LEWIS, BRANDON S.
STREET ADDRESS 8767 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE CFO ☒ Change ☐ Addition
NAME CHONG, KYLE
STREET ADDRESS 8767 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/16/15

Date

(904) 223-8448

Daytime Phone #