

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064149

Entity Name: P & C RESORT, LLC

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

34299 HIGHWAY 27  
HAINES CITY, FL 33844

**New Principal Place of Business:**

240 1ST STREET  
DAVENPORT, FL 33837

**Current Mailing Address:**

34299 HIGHWAY 27  
HAINES CITY, FL 33844

**New Mailing Address:**

240 1ST STREET  
DAVENPORT, FL 33837

FEI Number: 20-1623350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, MARK G  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 338832295 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: MGRM  
Name: CLAYTON, RONALD  
Address: 240 1ST STREET  
City-St-Zip: DAVENPORT, FL 33844

Title: MGRM  
Name: CLAYTON, PATRICIA  
Address: 240 1ST STREET  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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: PATRICIA CLAYTON

MRGM

03/30/2011

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