

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078134

FILED
Jun 18, 2009
Secretary of State

Entity Name: P.C.M - L.L.C.

Current Principal Place of Business:

6699 SHERIDAN ROAD
MELBOURNE VILLAGE, FL 32904

New Principal Place of Business:

Current Mailing Address:

6699 SHERIDAN ROAD
MELBOURNE VILLAGE, FL 32904

New Mailing Address:

FEI Number: 20-1801136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RICHARD, TAYLOR
3150 N. WICKHAM RD
STE. 3
MELBOURNE, FL 32935 US

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: MGR () Delete
Name: CAROL A., GRAVES
Address: 6699 SHERIDAN RD
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: MGR () Delete
Name: MARTIN, LLORENS
Address: 6699 SHERIDAN RD
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: MGR () Delete
Name: PAUL L., WILMES
Address: 6699 SHERIDAN RD
City-St-Zip: MELBOURNE VILLAGE, FL 32904

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: CAROL GRAVES

MGR

06/18/2009

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