

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L04000081320

1. Entity Name
PB LLC



Principal Place of Business

**2050 S PATRICK DR
STE B
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address

**2050 S PATRICK DR
STE B
INDIAN HARBOUR BEACH, FL 32937**



03012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3732829

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901**

**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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DOWNS, TOM
2050 S PATRICK DR, STE B
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LESSER, MIKE
852 SANDERLING DRIVE
INDIALANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSSI, JOHN
121 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROSSI, GLORIA
121 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WIENCHOSKI, THOMAS
220 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WIENCHOSKI, CHAROTTE
220 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**

U000000675806
03/30/07-80034-018 50.00

**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:

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

Date

Daytime Phone #

3/19/07

(321) 728-3000