

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000081320

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** PB LLC

**Current Principal Place of Business:**

2087 SARNO RD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2087 SARNO RD  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 11-3732829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLEMAN, CHRISTOPHER J ESQUIRE  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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:** C. COLEMAN, ESQUIRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JEAN YVES CLERC  
**Address:** 2087 SARNO RD  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** MGRM  
**Name:** ROSSI, GLORIA  
**Address:** 121 LANSING ISLAND DR.  
**City-St-Zip:** INDIAN HARBOR BEACH, FL 32937

**Title:** MGRM  
**Name:** ROSSI, JOHN  
**Address:** 121 LANSING ISLAND DR.  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

**Title:** MGRM  
**Name:** WIENCHOSKI, CHAROTTE  
**Address:** 220 LANSING ISLAND DR.  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

**Title:** MGRM  
**Name:** WIENCHOSKI, THOMAS  
**Address:** 220 LANSING ISLAND DR.  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937

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:** JEAN YVES CLERC

MGRM

03/25/2011

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