

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093716

Entity Name: PHT, LLC

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

18453 MASON SMITH ROAD  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

**Current Mailing Address:**

18453 MASON SMITH ROAD  
BROOKSVILLE, FL 34604

**New Mailing Address:**

FEI Number: 20-2628379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, PATRICIA  
18453 MASON SMITH ROAD  
BROOKSBILLE, FL 34604 US

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

JONES, PATRICIA  
18453 MASON SMITH ROAD  
BROOKSVILLE, FL 34604 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: PATRICIA JONES

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JONES, PATRICIA  
Address: 18453 MASON SMITH RD.  
City-St-Zip: BROOKSVILLE, FL 34604 US

**ADDITIONS/CHANGES:**

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: PATRICIA JONES

MGR

03/26/2009

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