

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90297 032 \*\*\*\*50.00

**DOCUMENT # L05000003045**

1. Entity Name  
**PC INVESTMENTS, LLC**



Principal Place of Business  
**5800 SW 43RD PLACE  
OCALA, FL 34474**

Mailing Address  
**5800 SW 43RD PLACE  
OCALA, FL 34474**

**30013109**



2. Principal Place of Business  
**5476 SW 41<sup>st</sup> Street**

3. Mailing Address  
**5476 SW 41<sup>st</sup> Street**

07202006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**20-2152715**

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CAMPBELL, DORA  
5800 SW 43RD PLACE  
OCALA, FL 34474**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5476 SW 41<sup>st</sup> Street**

City

**FL**

Zip Code

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

*Dora Campbell*

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/31/06**

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CAMPBELL, BRUCE  
5800 SW 43RD PLACE  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CAMPBELL, DORA  
5800 SW 43RD PLACE  
OCALA, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
POHLMAN, KEVIN M  
4535 SE 48TH PLACE ROAD  
OCALA, FL 34480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
POHLMAN, THRESA L  
4535 SE 48TH PLACE ROAD  
OCALA, FL 34480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**5476 SW 41<sup>st</sup> Street** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**5476 SW 41<sup>st</sup> Street** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/31/06**

Date

Daytime Phone #