


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90030 048 ***138.75

DOCUMENT # L05000004531	
1. Entity Name PD OF FLORIDA, LLC	

Principal Place of Business 12555 ORANGE DRIVE SUITE 251 DAVIE, FL 33330	Mailing Address 1255 ORANGE DRIVE SUITE 251 DAVIE, FL 33330
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2. Principal Place of Business - No P.O. Box # 12535 Orange Drive	3. Mailing Address 12535 Orange Drive
Suite, Apt. #, etc. 604	Suite, Apt. #, etc. 604

City & State Davie FL	City & State Davie FL
Zip 33330	Country USA
Zip 33330	Country USA

60034353



04222008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent ROZENEWAIG, NADEL & FERRERO-CARR, LLP 301 WEST HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSSI, MATTEO 301 WEST HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSSI, GIUSEPPE 301 WEST HALLANDALE BEACH BOULEVARD HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **4/22/08 9544709050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #