

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008493

Entity Name: PCMM GROUP LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

9240 SUNSET DR
#241
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

12600 SW 78 AVE
PINECREST, FL 33156 US

New Mailing Address:

FEI Number: 20-2246285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENDEZ, MARILYN
12600 SW 78 AVE
PINECREST, FL 33156 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMEROLA, RAFAEL MD
Address: 7875 SW 66TH ST
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: CRUZ, FRANCISCO MD
Address: 12859 SW 64TH LN
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: MENDEZ-MULET, LUIS MD
Address: 12600 SW 78 AVE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS MENDEZ-MULET

DR

05/01/2006

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