

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026713

1. Entity Name
PECKRICH, LLC



Principal Place of Business
2533 HERON LANE NORTH
CLEARWATER, FL 33762 US

Mailing Address
2533 HERON LANE NORTH
CLEARWATER, FL 33762 US

FILED
Aug 08, 2008 08:00 AM
Secretary of State



07182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2585057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PECK, JOHN L
2533 HERON LANE NORTH
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000957393
08/08/08-80007-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICH, SCOTT 1135 GORDAN AVE. THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECK, JOHN L 2533 HERON LANE NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

John L. Peck

8/6/08 800-282-3343

Date

Daytime Phone #