


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90018 032 \*\*\*\*55.00

**DOCUMENT # L05000056327**  
 1. Entity Name  
**PC REMODELING OF FLORIDA LLC**



Principal Place of Business      Mailing Address  
**6134 TURNBURY PARK DR. #7206 SARASOTA FL 34243**      **6134 TURNBURY PARK DR. #7206 SARASOTA FL 34243**


2. Principal Place of Business      3. Mailing Address  
**11218 PARKSIDE PL**      **P.O. BOX 21272**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**BRADENTON, FL**      **BRADENTON FL**  
 Zip      Country      Zip      Country  
**34202**           **34204**           **1st MOORE CR2E083 (10/05)**

4. FEI Number      Applied For  
**20-3031598**      Not Applicable  
 5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KLOPOTOWSKI, MACIEJ**  
**6134 TURNBURY PARK DR. #7206 SARASOTA FL 34243**

7. Name and Address of New Registered Agent  
 Name      **KLOPOTOWSKI, MACIEJ**  
 Street Address (P.O. Box Number is Not Acceptable)      **11218 PARKSIDE PL**  
 City      **BRADENTON**      FL      Zip Code      **34202**

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:       **MACIEJ KLOPOTOWSKI**      DATE: **04.14.06**

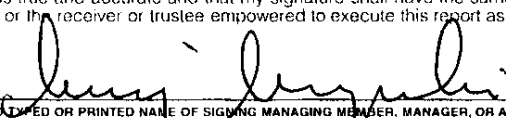
**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KLOPOTOWSKI, MACIEJ	
STREET ADDRESS	6134 TURNBURY PARK DR., #7206	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SKOKOWSKI, ARKADIUSZ	
STREET ADDRESS	6134 TURNBURY PARK DR., #7206	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       **MACIEJ KLOPOTOWSKI**      DATE: **04.14.06**      941 3230488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #