

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000068192

1. Entity Name
P.B. OPTIONS, LLC



Principal Place of Business
1701 S. FLAGLER DRIVE
406
WEST PALM BEACH, FL 33401

Mailing Address
1701 S. FLAGLER DRIVE
406
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

76-0797195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELLINGS, LEON
1701 S. FLAGLER DRIVE
#406
WEST PALM BEACH, FL 33401

Name

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

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

[Signature] Pres.

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

(NOTE: Registered Agent signature required when reinstating)

5/08/07

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STELLINGS, LEON
1701 S FLAGLER DR., #406
WEST PALM BEACH, FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800103734648
06/01/07--01055--0110 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HEARD, JAMES
7701 PINE ISLAND WAY
WEST PALM BEACH, FL 33411 ☒ Delete

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

TITLE
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STREET ADDRESS
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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] Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/08/2007 (56) 452-0700

Date

Daytime Phone #