

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068192

Entity Name: P.B. OPTIONS, LLC

FILED
Jan 11, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 76-0797195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STELLINGS, LEON
1701 S. FLAGLER DRIVE
#406
WEST PALM BEACH, FL 33401 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: P () Delete
Name: STELLINGS, LEON
Address: 1701 S FLAGLER DR., #406
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V () Delete
Name: STELLINGS, PAMELA
Address: 1801 S MICHIGAN AVE #606
City-St-Zip: CHICAGO, IL 60616

ADDITIONS/CHANGES:

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 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: PAMELA STELLINGS

V.P.

01/11/2009

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