2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000078230

Entity Name: PC MOBILITY LLC

Current Principal Place of Business:

3751 E FOWLER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

3751 E FOWLER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONK, LISA
3751 E FOWLER AVE
TAMPA, FL 33612 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:	MGR	( ) Delete
Name:	MONK, LISA	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	BEEBEE, ANGELA	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	SRIVASTAVA, V. KUMAR	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	SRIVASTAVA, ARUN	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	SRIVASTAVA, ANAND	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	SHAPIRO, CAROL	
Address:	18106 PARADISE POINT DR.	
City-St-Zip:	TAMPA, FL 33647	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SRIVASTAVA, VEERENDRA K	
Address:	3751 E FOWLER AVE	
City-St-Zip:	TAMPA, FL 33612	
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 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: VEERENDRA K SRIVASTAVA MGR 04/23/2009

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