

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080736

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** PCO DEVELOPMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

3058 HIGHLAND OAKS TERRACE  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

3058 HIGHLAND OAKS TERRACE  
TALLAHASSEE, FL 32311 US

**New Mailing Address:**

**FEI Number:** 20-3395419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OKONKWO, PETER  
361 COLLINSFORD ROAD  
TALLAHASSEE, FL 32301 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:** PRES ( ) Delete  
**Name:** OKONKWO, PETER C PRES  
**Address:** 345 S. MAGNOLIA DRIVE, SUITE E25  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** OKONKWO, PETER C PRES  
**Address:** 361 COLLINSFORD ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

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:** PETER OKONKWO

P

04/15/2009

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