## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90338 017 \*\*\*138.75

| - | <br>                   |  |
|---|------------------------|--|
| ı | T # L05000087524       |  |
| J | <br>  # LUJUUUUU   JZ4 |  |

1. Entity Name PC SIX LLC

CITY-ST-ZIP



|  |  |  |  | TEN.   |   |  |                             |  |
|--|--|--|--|--|---|--|-----------------------------|--|
| Principal Place<br>18350 VICEI<br>MIROMAR LA |  | Mailing Address<br>18350 VICENZA WAY<br>MIROMAR LAKES, FL 33 | 913  | 6001   | 13624   |  |                             |  |
| 2. Principal P                               | Place of Business - No P.O. Box #  | 3. Mailing Address   |  |  |   |  |                             |  |
| Suite, Apt.                                  | #, etc.  | Suite, Apt. #, etc.  City & State                            |  | 03062008   | 03062008 Chg-LLC CR2E083 (12/06)                                  |  |                             |  |
| City & Stat                                  | е  |  |  | 4. FEI Numb  |   | Н                                      | Applied For<br>Not Applicat |  |
| Zip  | Country  | Zip Country  |  | 5. Certificate   | 5. Certificate of Status Desired   \$5.00 Additional Fee Required |  |                             |  |
|  | 6. Name and Address of Current   | Registered Agent   |  | 7. Name and  | Address of New R  | egistered Agent                        |                             |  |
| 12800 UN                                     | , CHARLES PT ESQ<br>IVERSITY DRIVE, SUITE 260<br>ERS, FL 33907   |  | Name JEFFREY R HOSSLER Street Address (P.O. Box Number is Not Acceptable)  18350 VICENZA WAY  City MUROMAR LAKES FL Zip Code 33913 |  |   |  |                             |  |
|  | named entity submits this statement for<br>tions of registered agent.  Signature, typed or printed name of registered agent. | V R Houles   | egistered office or  | registered agent, or bo  GRM  rerequired when reinstating) | oth, in the State of Flo  | <u> </u>                               | <del></del>                 |  |
| After May                                    | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75   |  |  |  | Florida   | e check payable to<br>Department of St |                             |  |
| 9.   | MANAGING MEMBE   | RS/MANAGERS  | 10.  |  | ADDITIONS/  | CHANGES                                |                             |  |
| NAME STREET ADDRESS CITY-ST-ZIP              | MGRM HOSSLER, JEFFREY 18350 VICENZA WAY MIROMAR LAKES, FL 33913  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>BRUCE BLAC<br>11622 FALL<br>INDIANAPOLIS            | ereek Rd  | □ Chang                                | pe 🔀 Addit                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        | ·  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T MGR  JERRY COYN  1147 GRAVEL PO  CLARKS SUM              | ue<br>one Rd  | ☐ Chang                                | pe 🔯 Adulii                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>STEWART HULT<br>11921 Promonto<br>INDIMNAPOLIS      | 's<br>Ry CT   | Ctang                                  | e 🔯 Addit                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  | ☐ Oelete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>RICH INGLIS<br>12520 WALDE<br>FT MYERS              | N RUN DR  | ☐ Chang                                | e 🔀 Adidii                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  | □ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MARCUS BURN<br>7610 CANDLE<br>INDIANAPOLIS          | WOOD LN   | Chang                                  | ye ,≜3) Addil               |  |
| TITLE  |  |  |  |  | · · · · · · · · · · · · · · · · · · ·                             | ☐ Chang                                | e 🔲 Addit                   |  |

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.

CITY-ST-ZIP

hey R Houle

MGRM 3-6-08 239-494-2468