
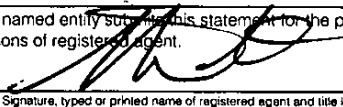



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 004 ***138.75

DOCUMENT # L05000089091													
1. Entity Name PKM, LLC													
Principal Place of Business 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US			Mailing Address 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
City & State		City & State											
Zip	Country	Zip	Country	4. FEI Number 20-3442297									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name STEPHEN J. MITCHELL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2100</td> </tr> <tr> <td style="padding: 5px;">City TAMPA</td> <td style="padding: 5px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code 33602</td> </tr> </table>			Name STEPHEN J. MITCHELL		Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2100		City TAMPA	FL	Zip Code 33602	
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Zip Code 33602													
8. The above named entity subscribes to 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 		Stephen J. Mitchell		4/2/08									
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE MGR NAME REISMAN, JOHN STREET ADDRESS 9001 DANIELS PARKWAY, SUITE 200 CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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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: 			ELAINE M. STULTZ		4/4/08								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone # 239.481.5040 x 206								

00004637



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3442297

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

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602

Name STEPHEN J. MITCHELL

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

201 N. FRANKLIN STREET, SUITE 2100

City TAMPA

FL

Zip Code 33602

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Make check payable to
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CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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SIGNATURE:

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

4/4/08

Date

239.481.5040 x 206

Daytime Phone #