
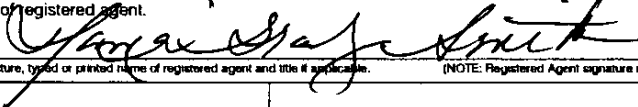
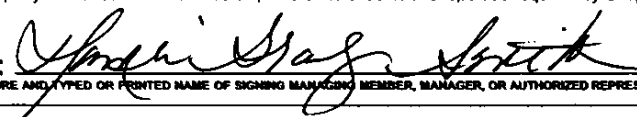


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90075 042 ***138.75

DOCUMENT # L05000092053			
1. Entity Name PLS L.L.C.			
Principal Place of Business 200 ST. ANDREWS BLVD. #2108 WINTER PARK, FL 32792 US		Mailing Address 200 ST. ANDREWS BLVD. #2108 WINTER PARK, FL 32792 US	
2. Principal Place of Business - No P.O. Box # 510 Gatlin Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 560219 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806		Country Orange	
Zip 32806		Country Orange	
6. Name and Address of Current Registered Agent GRADY, JAMIE F 200 ST. ANDREWS BLVD. 2108 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Jamie Grady Smith 510 Gatlin Ave Orlando, FL 32806 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		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 NAME STREET ADDRESS CITY-ST-ZIP	MS. GRADY, JAMIE F 200 ST ANDREWS BLVD #2108 WINTER PARK, FL 32792 <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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	