

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 021 ***138.75

DOCUMENT # L05000096661

1. Entity Name
PCV, LLC



Principal Place of Business
**30050 CHAGRIN BOULEVARD
SUITE 100
PEPPER PIKE, OH 44124 US**

Mailing Address
**30050 CHAGRIN BOULEVARD
SUITE 100
PEPPER PIKE, OH 44124 US**

60037156



2. Principal Place of Business - No P.O. Box #
c/o Jacob Real Estate Services, Inc.
Suite, Apt. #, etc.

3. Mailing Address
c/o Jacob Real Estate Services, Inc.
Suite, Apt. #, etc.

04282008 Chg-LLC CR2E083 (12/06)

607 W. Bay Street
City & State
Tampa, FL

607 W. Bay Street
City & State
Tampa, FL

4. FEI Number
20-3567195

Applied For
☐ Not Applicable

Zip
33606

Country
USA

Zip
33606

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAUTTER, C. CHRISTIAN ESQ.
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name
James C. Jacob, CCIM
Street Address (P.O. Box Number is Not Acceptable)
Jacob Real Estate Services, Inc.
607 W. Bay Street
City
Tampa **FL** Zip Code
33606

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

[Signature]

James C. Jacob

4/28/08

Signature of the registered agent or the owner of the entity, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSAR, BERNIE J JR. 30050 CHAGRIN BOULEVARD, SUITE 100 PEPPER PIKE, OH 44124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

[Signature]

James C. Jacob

4/28/08

(813) 258-3200

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

Date

Daytime Phone #