

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000104353

1. Entity Name  
PBK, LLC



Principal Place of Business

1230 N.W. 7 STREET  
MIAMI, FL 33125

Mailing Address

1230 N.W. 7 STREET  
MIAMI, FL 33125



01072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

14-1941654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYONS, MICHAEL D ESQ.  
1230 N.W. 7 STREET  
MIAMI, FL 33125

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LYONS, PATRICIA L
STREET ADDRESS	1230 N.W. 7 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	EHRlich, BARBARA J
STREET ADDRESS	1410 PATRIOTS DRIVE
CITY-ST-ZIP	HENDERSONVILLE, NJ 28739
TITLE	MGRM
NAME	SIMON, KENNETH M
STREET ADDRESS	2721 S.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000785832  
01/17/08-00017-004 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: Kenneth M. Simon (Kenneth M. Simon)

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

1-14-08 (305) 856-5151

Date

Daytime Phone #