

05-29-2008 90014 017 \*\*\*138.75  
L05000106206

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106206

1. Entity Name  
P & H, LLC



Principal Place of Business  
1862 ALTA VISTA STREET  
SARASOTA, FL 34236

Mailing Address  
1862 ALTA VISTA STREET  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



04142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PATTEN, BRENDA L  
1862 ALTA VISTA STREET  
SARASOTA, FL 34236

**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 renouncing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PATTEN, BRENDA L
STREET ADDRESS	1862 ALTA VISTA STREET
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	Stephen F. Hutchinson
STREET ADDRESS	1862 Alta Vista St.
CITY - ST - ZIP	Sarasota, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: *Brenda Patten*

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

4/24/08

Date

Daytime Phone #

FILED  
08 JUN 19 AM  
TALLAHASSEE, FL  
SECRETARY OF STATE