

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000121963

1. Entity Name
PTC, LLC



Principal Place of Business
1535 N. COGSWELL ST.
SUITE C25
ROCKLEDGE, FL 32955 US

Mailing Address
1535 N. COGSWELL ST
SUITE C25
ROCKLEDGE, FL 32955 US



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4206238

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROPOLI, JAMES
128 FIG TREE LANE
LONGWOOD, FL 32750

**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 renewing)

DATE _____

Filing Fee: \$50.00
Due by May 1, 2007

B. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	STROPOLI, JAMES
STREET ADDRESS	128 FIG TREE RUN
CITY-ST-ZIP	LONGWOOD, FL 32955
TITLE	VP
NAME	MOORE, JAMES R
STREET ADDRESS	1772 S.W. AIROSO BLVD.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	MGRM
NAME	NIELSON, ERIC S
STREET ADDRESS	1535 N. COGSWELL ST.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000641192
02/28/07-80098-003 50.00

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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: _____

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

1/31/07

Date

321 690-1788

Daytime Phone #