

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121963

Entity Name: PTC, LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-4206238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROPOLI, JAMES
128 FIG TREE LANE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: STROPOLI, JAMES
Address: 128 FIG TREE RUN
City-St-Zip: LONGWOOD, FL 32955

Title: VP () Delete
Name: MOORE, JAMES R
Address: 1772 S.W. AIROSO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGRM () Delete
Name: WINTER, PAUL E
Address: 1535 N. COGSWELL ST.
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES STROPOLI

PRES

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date