

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022528

Entity Name: PBS HOLDINGS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

8060 LAVELLE WAY
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

8001 LAVELLE WAY
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-4465977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOGESH, PATEL
8001 LAVELLE WAY
PENSACOLA, FL 32526 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: MGRM () Delete
Name: PATEL, NARESH
Address: 225 BECKRICH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGRM () Delete
Name: SHAH, MAHESH
Address: 504 PARKWOOD DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM () Delete
Name: BHAKTA, JITENDRA
Address: 5239 OAK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: PATEL, YOGESH
Address: 8001 LAVELLE WAY
City-St-Zip: PENSACOLA, FL 32526

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:

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: NARESH PATEL

MGRM

04/30/2009

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