

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000038183**

**1. Entity Name**  
PCAT PROPERTY MANAGEMENT, LLC



**Principal Place of Business**  
434 SOUTH 72ND AVENUE  
PENSACOLA, FL 32506

**Mailing Address**  
434 SOUTH 72ND AVENUE  
PENSACOLA, FL 32506

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262007 REIN-LLC CR2E101 (1/07)

City & State

City & State

**4. FEI Number**

EIN 11-3776647

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

DACPANO, PERFECTO  
434 SOUTH 72ND AVENUE  
PENSACOLA, FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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 \$50.00**  
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE: MGRM  Delete  
NAME: DACPANO, PERFECTO  
STREET ADDRESS: 434 SOUTH 72ND AVENUE  
CITY-ST-ZIP: PENSACOLA, FL 32506

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: MGRM  Delete  
NAME: DACPANO, CATALINA  
STREET ADDRESS: 434 SOUTH 72ND AVENUE  
CITY-ST-ZIP: PENSACOLA, FL 32506

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

08/24/07-90045-041-\$55.00

**REINSTATEMENT**

was 2007 list

**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:**

*[Handwritten Signature]*

10-26-07

850-529-1524

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

Date

Daytime Phone #