

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000141

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** PT CORPORATE SERVICES, LLC.

**Current Principal Place of Business:**

4327 S HWY 27  
SUITE 306  
CLEMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

4327 S HWY 27 STE 306  
CLEMONT, FL 34711

**New Mailing Address:**

4327 S HWY 27  
SUITE 306  
CLEMONT, FL 34711

FEI Number: 20-8100614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAVELLE, PATRICIA  
4327 S HWY 27 STE 306  
CLEMONT, FL 34711 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: P  
Name: LAVELLE, PATRICIA  
Address: 4327 S HWY 27 STE 306  
City-St-Zip: CLEMONT, FL 34711

I hereby 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: PATRICIA LAVELLE

PRES

02/16/2010

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