FILED
May 22, 2008 8:00 am
Secretary of State

04-23-2008 90121 048 ***138.75

2008 LIMITED LIABILITY CO[illegible]NY ANNUAL REPORT

DOCUMENT # L07000025902

1. Entity Name
PR, LLC, II

30007173

Principal Place of Business	Mailing Address
4477 EAST CR 462 WILDWOOD, FL 34785 US	4477 EAST CR 462 WILDWOOD, FL 34785 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number: Applied FOR ☐ Applied For ☐ Not Applicable

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
PULLUM, J. STEPHEN ESQ. 1330 W. CITIZENS BLVD. SUITE 701 LEESBURG, FL 34748	Name: Rainey James I Street Address (P.O. Box Number is Not Acceptable): 4477 E CR 462 City: Wildwood FL Zip Code: 34785

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Rainey, James I 4477 ECR 462 Wildwood Fl 34785 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #