


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90020 017 ***138.75

DOCUMENT # L07000031016	
1. Entity Name PCC OF STUART, L.L.C.	

Principal Place of Business 1768 SW CRANE CREEK AVE. PALM CITY, FL 34990	Mailing Address 1768 SW CRANE CREEK AVE. PALM CITY, FL 34990
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2. Principal Place of Business - No P.O. Box # 3346 SE FEDERAL HWY	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State STUART, FLORIDA 97	City & State
Zip 34997	Country USA

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8921222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
PATEL, PINAKIN 1768 SW CRANE CREEK AVE. PALM CITY, FL 34990	

7. Name and Address of New Registered Agent	
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
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PINAKIN 1768 SW CRANE CREEK AVE. PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	PINAKIN PATEL	4/21/08	772-463-1568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #