

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033127

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** PCS CONSULTANTS, LLC

**Current Principal Place of Business:**

2324 CHERIMOYA LANE  
SAINT JAMES CITY, 33956

**New Principal Place of Business:**

2324 CHERIMOYA LANE  
SAINT JAMES CITY, FL 33956

**Current Mailing Address:**

PO BOX 522  
SAINT JAMES CITY, 33956

**New Mailing Address:**

PO BOX 522  
SAINT JAMES CITY, FL 33956

**FEI Number:** 20-8724022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASE-STANDING, PATRICIA A  
2324 CHERIMOYA LANE  
SAINT JAMES CITY, FL 33956 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS. ( ) Change (X) Addition  
Name: CASE-STANDING, PATRICIA A  
Address: PO BOX 522  
City-St-Zip: SAINT JAMES CITY, FL 33956

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: PATRICIA A. CASE-STANDING

MS.

02/19/2008

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