

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095018

Entity Name: P3T, LLC

**FILED**  
**Sep 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

121 ORCHIS RD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

13 CLIPPER COURT  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

121 ORCHIS RD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

13 CLIPPER COURT  
ST AUGUSTINE, FL 32080

FEI Number: 26-0904561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CATHCART, BRUCE D MPT  
121 ORCHIS RD  
ST AUGUSTINE, FL 32086 US

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

CATHCART, BRUCE D MPT  
13 CLIPPER COURT  
ST AUGUSTINE, FL 32080 US

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:

09/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CATHCART, BRUCE D MPT  
Address: 13 CLIPPER COURT  
City-St-Zip: ST AUGUSTINE, FL 32080

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: BRUCE D. CATHCART, MPT

MGR

09/08/2012

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