

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013378

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** PEARCE ENTERPRISES OF NORTH CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

12305 SLEEPY LAKE COURT  
FAIRFAX, VA 22033 US

**New Principal Place of Business:**

**Current Mailing Address:**

12305 SLEEPY LAKE COURT  
FAIRFAX, VA 22033 US

**New Mailing Address:**

**FEI Number:** 35-2333223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRA L. ROBBINS CPA  
8398 NW 16TH STREET  
CORAL SPRINGS, FL 33071 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:** MGRM  
**Name:** PEARCE, ALFRED V  
**Address:** 12305 SLEEPY LAKE COURT  
**City-St-Zip:** FAIRFAX, VA 22033 US

**Title:** MGRM  
**Name:** PEARCE, GALE  
**Address:** 200 WEST WASHINGTON SQUARE #1508  
**City-St-Zip:** PHILADELPHIA, PA 19106 US

**Title:** MGRM  
**Name:** JONES, TAMI  
**Address:** 676 PALISADES DR.  
**City-St-Zip:** AKRON, OH 44303 US

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:** ALFRED V. PEARCE

MGRM

04/11/2012

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