

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059185

Entity Name: PE RETAIL SALES COMPANY, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

3304 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

3304 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 26-2806653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, JAMES H
3304 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: PRES () Delete
Name: COFFEY, JAMES H
Address: 3304 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP (X) Delete
Name: SEWALD, JOSEPH
Address: 3304 SAWGRASS VILLAGE CIRLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: CHACON, MIGUEL
Address: 3304 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: KEENAN, JAMES
Address: 3304 SAWGRASS VILLAGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES H. COFFEY

PRES

03/23/2009

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