

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071973

FILED
Apr 02, 2009
Secretary of State

Entity Name: PC OF FLORIDA STORE #207 LLC

Current Principal Place of Business:

444 N. MICHIGAN
3500
CHICAGO, IL 60611

New Principal Place of Business:

Current Mailing Address:

444 N. MICHIGAN
3500
CHICAGO, IL 60611

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D2 LAW GROUP
3239 HENDERSON BLVD.
SECOND FLOOR
TAMPA, FL 33609 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: MGR () Delete
Name: FLORSHEIM, ANDREW
Address: 444 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: FLORSHEIM, STEVEN C ESQ
Address: 444 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: CUMMIS, ADAM S
Address: 444 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60611

Title: MGR () Delete
Name: BOTTY, ALFREDO
Address: 444 N. MICHIGAN
City-St-Zip: CHICAGO, IL 60611

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: ADAM CUMMIS

MGR

04/02/2009

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