2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000106362

Entity Name: PFC MANAGEMENT, LLC

FILED Feb 05, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:								
19691 MANAGEMENT, LLC # 1303 MIRAMAR LAKES, FL 33913 US	11354 POND CYPRESS ST FORT MYERS, FL 33913 US								
Current Mailing Address:	New Mailing Address:								
P O BOX 814 ESTERO, FL 33929 US	11354 POND CYPRESS ST FORT MYERS, FL 33913 US								
FEI Number: 26-3721895 FEI Number Applied For () FEI N	lumber Not Applicable () Certificate of Status Desired ()								
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:								
CANGIALOSI, BARBARA 23850 VIA ITALIA # 202 BONITA SPRINGS, FL 34134 US	CANGIALOSI, BARBARA 11354 POND CYPRESS ST FORT MYERS, FL 33913 US								
The above named entity submits this statement for the nurness	of changing its registered office or registered agent, or b								

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:		02/05/2010
	Electronic Signature of Registered Agent	Date

MANAGING MEMBERS/MANAGERS:

Title: MGR Name: DICKERSON, DONNEL M Address: 36880 WOODWARD AVENUE, #202 City-St-Zip: BLOOMFIELD HILLS, MI 48304 US Title: MGR Name: CANGIALOSI, BARBARA

Address: 11354 POND CYPRESS ST City-St-Zip: FORT MYERS, FL 33913 US Title: MGR

Name:	HACHT, JAMES
Address:	41123 JO DRIVE
City-St-Zip:	NOVI, MI 48375 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 Statues.

SIGNATURE:	ΒA	RB	HR.	$\land \cup_r$	۱NGI	SI					MM		02/05/2010		
	=-		•	<u> </u>		 ċ		· ·			A 11			<u> </u>	

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