

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108192

Entity Name: PKCL, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

229 176TH PARRIS DRIVE EAST
REDINGTON, FL 33708 US

New Principal Place of Business:

229 176TH TERRACE DRIVE E
REDINGTON SHORES, FL 33708 US

Current Mailing Address:

229 176TH PARRIS DRIVE EAST
REDINGTON, FL 33708 US

New Mailing Address:

P.O. BOX 4665
SEMINOLE, FL 33775 US

FEI Number: 26-3973537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: CRAFT, PHILIP
Address: 229 176TH PARRIS DRIVE EAST
City-St-Zip: REDINGTON, FL 33708 US

Title: MGR () Delete
Name: CRAFT, KARIN
Address: 229 176TH PARRIS DRIVE EAST
City-St-Zip: REDINGTON, FL 33708 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRAFT, PHILIP
Address: P.O. BOX 4665
City-St-Zip: SEMINOLE, FL 33775 US

Title: MGR (X) Change () Addition
Name: CRAFT, KARIN
Address: P.O. BOX 4665
City-St-Zip: SEMINOLE, FL 33775 US

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: PHILIP CRAFT

MGR

04/23/2009

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