

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027394

Entity Name: PC BANKCO, LLC

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

509 HARRISON AVE.  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 59350  
PANAMA CITY, FL 32402

**New Mailing Address:**

P.O. BOX 59350  
PANAMA CITY, FL 324120350 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HINDSMAN, J.G. III  
509 HARRISON AVE.  
PANAMA CITY, FL 32401 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: SQUIRES, KAL G  
Address: 509 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: HINDSMAN, J.G.. III  
Address: 509 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: CARROLL, SHIRLEY  
Address: 509 HARRISON AVE.  
City-St-Zip: PANAMA CITY, FL 32401

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: SHIRLEY CARROLL

MGRM

02/02/2010

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