

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000116697

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** PFLIGER HOLDING COMPANY, LLC

**Current Principal Place of Business:**

339 NORTH OXFORD DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

339 NORTH OXFORD DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DIEZ, CHARLES J R.  
737 SOUTH INDIANA AVE.  
ENGLEWOOD, FL 34223 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:** PFLIGER, LEO P  
**Address:** 339 NORTH OXFORD DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** MGRM  
**Name:** PFLIGER, PAMELA D  
**Address:** 339 NORTH OXFORD DRIVE  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** LEO PFLIGER

MGRM

02/15/2010

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