

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000137914

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** PCFL MANAGEMENT, LLC

**Current Principal Place of Business:**

450 E. LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 WEST 57TH STREET  
SUITE 1429  
NEW YORK, NY 10107 US

**New Mailing Address:**

**FEI Number:** 45-4269546      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ACCETTA, ANTHONY  
200 S. BISCAYNE BLVD.  
SUITE 2930  
MIAMI, FL 33131 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: MORFOGEN, STRATIS  
Address: 930 FIFTH AVE STE 12E  
City-St-Zip: NEW YORK, NY 10021 US

Title: MGRM  
Name: CHAU, PHILIPPE CHAU  
Address: 830 WILLOUGHBY ST  
City-St-Zip: BROOKLYN, NY 11206 US

Title: MGRM  
Name: KANTOR, STEVEN  
Address: 845 UN PLAZA  
City-St-Zip: NEW YORK, NY 10017 US

Title: MGRM  
Name: BOXER, STEVEN  
Address: 200 WEST 57TH ST APT 20M  
City-St-Zip: NEW YORK, NY 10022 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 Statutes.

SIGNATURE: STRATIS MORFOGEN

MGRM

02/16/2012

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