

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 023 ****50.00

DOCUMENT # M00000001810

1. Entity Name
PCA NATIONAL LLC



Principal Place of Business
**815 MATTHEWS - MINT HILL ROAD
MATTHEWS, NC 28105**

Mailing Address
**815 MATTHEWS - MINT HILL ROAD
MATTHEWS, NC 28105**

14027162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
56-0935596

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **DP** ☐ Delete
NAME **FELD, BARRY J**
STREET ADDRESS **14483 NOLEN LANE**
CITY-ST-ZIP **CHARLOTTE, NC 28277**

TITLE **V** ☐ Delete
NAME **NORSWORTHY, DON**
STREET ADDRESS **3720 PROVIDENCE MANOR**
CITY-ST-ZIP **CHARLOTTE, NC 28270**

TITLE **S** ☐ Delete
NAME **WREN, J. ROBERT JR**
STREET ADDRESS **3644 BRENTWOOD DR**
CITY-ST-ZIP **GASTONIA, NC 28056**

TITLE **S** ☒ Delete
NAME **DEVOE, THOMAS R**
STREET ADDRESS **5119 WOODRUN ON TILLERY**
CITY-ST-ZIP **MT GILEAD, NC 27306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/1/04

Date

(704) 847-8011

Daytime Phone #