

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90061 004 ****50.00

DOCUMENT # M01000002681



1. Entity Name
PLC, LLC

Principal Place of Business

**2350 MCNAB RANCH ROAD
UKIAH CA 95482**

Mailing Address

**2350 MCNAB RANCH ROAD
UKIAH CA 95482**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3332365**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANWYL, PANDORA
11 ISLAND AVENUE, APT. 712
MIAMI BEACH FL 33129**

7. Name and Address of New Registered Agent

Name **Gary Weyer**

Street Address (P.O. Box Number is Not Acceptable)
1425 Haverhill Drive

City **Trinity**

FL

34655

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/13/2003**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARDUCCI, JOHN 1396 CRANE ROAD UKIAH CA 95482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWSON, RICHARD 6201 HWY 20 UKIAH CA 95482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLE, WILLARD 2007 BLUE SAGE CT SANTA ROSA CA 95403 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDUCCI, RICHARD 570 BLUE OAK DRIVE UKIAH CA 95482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. (707) 462-2423

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

Richard Parducci, 02/10/03

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

Date

Daytime Phone #

CR2E083 (10/02)