

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000006652

1. Entity Name
PC BLUE MOON, LLC



Principal Place of Business
17320 PANAMA CITY BEACH PARKWAY
SUITE 107
PANAMA CITY BEACH, FL 32413

Mailing Address
17320 PANAMA CITY BEACH PARKWAY
SUITE 107
PANAMA CITY BEACH, FL 32413



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3654253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINNIS, S. PROCTER
17320 PANAMA CITY BEACH PARKWAY STE 107
PANAMA CITY, FL 32413-2035

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCINNIS, GEORGE E
1191 PEARL STREET
MINDEN, LA 71055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCINNIS, DOROTHY PROCTE
1191 PEARL STREET
MINDEN, LA 71055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000780611
01/15/08-80001-007 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/08 850-249-9840