

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90041 043 ***138.75

DOCUMENT # M06000003420

1. Entity Name
PFL V, LLC



Principal Place of Business
1140 RESERVOIR AVE.
CRANSTON, RI 02920

Mailing Address
1140 RESERVOIR AVE.
CRANSTON, RI 02920

00000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-5068472

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. 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

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

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PROACCIANTI, ELIZABETH
1140 RESERVOIR AVE.
CRANSTON, RI 02920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Proaccianti, Elizabeth ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PROACCIANTI, JAMES
1140 RESERVOIR AVE.
CRANSTON, RI 02920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Proaccianti, James ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-3-08

(401) 964-4600

Date

Daytime Phone #

Elizabeth A. Proaccianti, Managing Member