

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M07000005494

FILED  
Aug 03, 2009  
Secretary of State

Entity Name: PBC & ASSOCIATES CONSULTING LLC

**Current Principal Place of Business:**

C/O CAPITOL SERVICES, INC.  
615 SOUTH DUPONT HWY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAPITOL SERVICES, INC.  
615 SOUTH DUPONT HWY  
DOVER, DE 19901

**New Mailing Address:**

FEI Number: 26-0599814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: VAWTER, LARRY  
Address: 615 SOUTH DUPONT HWY  
City-St-Zip: DOVER, DE 19901

Title: MGR ( ) Delete  
Name: CASTILLO, JOSEPH  
Address: 615 SOUTH DUPONT HWY  
City-St-Zip: DOVER, DE 19901

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: TIPPINS, JACKIE  
Address: 615 SOUTH DUPONT HWY  
City-St-Zip: DOVER, DE 19901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JACKIE TIPPINS

MGR

08/03/2009

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