

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000002047

Entity Name: PCGCO, LLC

FILED  
Oct 22, 2009  
Secretary of State

**Current Principal Place of Business:**

1760 PEMBROOK DR  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

1760 PEMBROOK DR  
ORLANDO, FL 32810

**New Mailing Address:**

PO BOX 953513  
LAKE MARY, FL 32795

FEI Number: 80-0168323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SWEENEY, MICHAEL  
1760 PEMBROOK DR  
ORLANDO, FL 32810      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: MICHAEL SWEENEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SWEENEY, MICHAEL  
Address: 1760 PEMBROOK DR  
City-St-Zip: ORLANDO, FL 32810

Title: MGRM      (X) Delete  
Name: SWEENEY, KIMBERLY  
Address: 1760 PEMBROOK DR  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

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

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

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: MICHAEL SWEENEY

MGR

10/22/2009

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