## 

Division of Corporations Electronic Filing Cover Sheet

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H11**000083**8733**4**80**5** 

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023
Phone : (850)222-1092
Pax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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Corporate Filing Menu

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DIVISION OF CURPORATION OF STATE OF STA

https://efile.sunbiz.org/scripts/efilcovr.exe

3/30/201 N. Cuffigan MAR 3 1 2011

## COVER LETTER

TO:		Section Corporations				
SUBJ	ECT:			AÇO BA		
		Name of Fo	reign	Limited I	lability Comp	any
Dear S	Sir or Madam:	:				
		avit by Foreign I (s) and fee(s) are				Change Manager(s) or
Please	return all cor	respond <del>e</del> nce cor	icemi	ing this m	atter to the fol	lowing:
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		City/State and Zi				
	'n	mccarthy@inla	- andin	ic com		
E	-mail address	(to be used for	futur	e annual re	port notificat	ion)
For fu	rther informat	ion concerning t	his m	natter, plea	se call:	
	Paula Mo	Carthy	at (	413 )		458-5220
	Name of	Person	•	Area Coo	le and Daytim	e Telephone Number
	Registration S Division of Co Clifton Buildi	orporations ng ce Center Circle	:55:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclos _}\$25 F:	ed is a check iling For	for the followin \$30 Filing Fe Certificate of Sta	e &	aount: \$55.0  Certified	0 Filing Fee & 1 Copy	\$60 Piling Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability company Department of State is:						
2. This entity was formed under the laws of	Delaware .					
3. This entity was authorized to transact bus and its Florida document/registration number	iness in Florida on 10/25/2010 r is M1000004705					
The name and address of each manager or managing member is as follows:						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGRM	PFC Projects, LLC 665 Simonds Rd Williamstown, MA 01267					
<del></del>						
<u></u>						
Required Signature:	5. Milly S. Seen					
Signature of Manager, Managing Member or Member						

Filing Fee: \$25