

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT #M12000007225

1. Entity Name
PMB RENTALS, LLC



Principal Place of Business
**309 NORTH MARKET STREET
PARIS, TN 38242**

Mailing Address
**309 NORTH MARKET STREET
PARIS, TN 38242**



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
62-1643560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this report 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

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
**MGRM
PERRY, AUSTIN
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MCCAIN, LYNN
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BOYD, TIM
309 N MARKET ST
PARIS, TN 38242**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**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, or am empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tim Boyd, Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-18-08 731-642-0006
Date Daytime Phone #