

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000302698

**Entity Name:** PBPCI, LLC

**Current Principal Place of Business:**

11924 W. FOREST HILL BLVD STE 10A-327  
WELLINGTON, FL 33414

**Current Mailing Address:**

11924 W. FOREST HILL BLVD STE 10A-327  
WELLINGTON, FL 33414 US

**FEI Number:** 85-3325925

**Certificate of Status Desired:** Yes

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

ZAVAGLI, DOROTHY A  
11924 W. FOREST HILL BLVD STE 10A-327  
WELLINGTON, FL 33414 US

*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

**Authorized Person(s) Detail :**

Title AMBR  
Name DOROTHY A. ZAVAGLI DECLARATION OF TRUST  
Address 11924 W. FOREST HILL BLVD STE 10A-327  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name STEVEN B. ZAVAGLI DECLARATION OF TRUST  
Address 11924 W. FOREST HILL BLVD STE 10A-327  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name ZAVAGLI, DOROTHY A  
Address 11924 W. FOREST HILL BLVD STE 10A-327  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name ZAVAGLI, STEVEN B  
Address 11924 W. FOREST HILL BLVD STE 10A-327  
City-State-Zip: WELLINGTON FL 33414

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOROTHY ZAVAGLI

**MEMBER MANAGER**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date