

**ANNUAL REPORT**  
**DOMESTIC LLC**  
**Filing Fee: \$50.00**

B0012-5780311100201661000AMRRecdApvSBDSSS

1. L.L.C. Name and Address:

DL020505  
 PCR PROPERTIES, LLC  
 701 E 4TH ST  
 DELL RAPIDS SD 57022-1742

<b>2016</b>
Last Report: 2015
Anniversary: December 31
<b>Good Standing</b>

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office in or out of the State of South Dakota. [?](#)

<u>701 E 4TH ST</u>	<u>DELL RAPIDS</u>	<u>SD</u> <input type="checkbox"/>	<u>57022-1742</u>	
Physical Street Address	City	State	ZIP+4	Country
<u>Mailing Address (Optional)</u>	<u>City</u>	<u>State</u>	<u>ZIP+4</u>	<u>Country</u>
<u>benda@kmwfcpa.com</u>				
Email Address				

4. [Click here to Change Registered Agent Name or Address \(\\$10\)](#) | [Click here to Change Registered Agent Email Address Only](#) [?](#)

The name of the South Dakota Registered Agent ( <i>First, Middle, Last</i> )	<u>PAUL</u>	<u>ROEMEN</u>
<u>701 E 4TH ST</u>	<u>DELL RAPIDS</u>	<u>SD</u> <u>57022</u>
Physical Street Address or Rural route Box Number in This State and	City	State ZIP+4 Country
<u>Mailing Address in This State, if Different from Street Address</u>	<u>City</u>	<u>SD</u>
<u>benda@kmwfcpa.com</u>		<u>State</u> <u>ZIP+4</u> <u>Country</u>
Email Address		

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) need not be set forth. [?](#)

Click the "Edit" button on the left side to type in the required information

	Director	Officer Type	First	Middle	Last	Address	City	State	Zip	Country
<a href="#">Edit</a>	<input type="checkbox"/>	Manager						SD		<a href="#">Delete</a>
<a href="#">Edit</a>	<input type="checkbox"/>	Manager						SD		<a href="#">Delete</a>
<a href="#">Edit</a>	<input checked="" type="checkbox"/>	Manager	PAUL		ROEMEN	701 E 4TH ST	DELL RAPIDS	SD	57022	<a href="#">Delete</a>

[Add new record](#)

### Authorization

Dated: Tuesday, November 01, 2016

I certify that:

- I understand the information submitted electronically by me will be used to generate an electronic document that will be filed with the South Dakota Secretary of State.
- I am authorized to file this document.
- The information is correct to the best of my knowledge.

Person authorizing this report to be submitted: [?](#)

<u>RENAE</u>	<u>D</u>	<u>BENDA</u>
First Name	Middle Name	Last Name