

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000028740

Entity Name
L&C ARLINGTON PINES PARTNERSHIP, LLC



Principal Place of Business
3740 CURTIS BLVD
#108
PORT ST. JOHN, FL 32927 US

Mailing Address
3740 CURTIS BLVD
#108
PORT ST. JOHN, FL 32927 US



02152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0242784	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALINA ZANETTI-LEON
4155 EAST MOWRY DRIVE
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000979032
04/15/08-80003-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTTER, JOSIAH B 3740 CURTIS BLVD 108 PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CARMEL DEVELOPMENT, LLC 3740 CURTIS BLVD 108 PORT ST JOHN, FL 32927
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: Juan Rodriguez Juan Rodriguez 3/31/08 305258801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #