

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000066215**

1. Entity Name  
360 DEVELOPMENT, LLC



Principal Place of Business  
288 MOCCASIN TRAIL  
JUPITER, FL 33458

Mailing Address  
35 WOODSIDE DRIVE  
MONTROUSEVILLE, PA 17754



04092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2480091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11000001908531

05/05/08-80008-005 138.75

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  
MGR  
WAHL, HARRY  
288 MOCCASIN TRAIL  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PFLEEGOR, DAVID  
288 MOCCASIN TRAIL  
JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x

Date

Daytime Phone #