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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

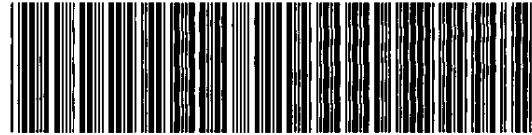
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

OCT 15 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pineapple Grove, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis J. Carbone, Esq

Name of Person

Louis J. Carbone, P.A.

Firm/Company

90 SE 4th Avenue

Address

Delray Beach, Florida

City/State and Zip Code

ljclegal@aol.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis J. Carbone

Name of Person

at ( 561 ) 272-0282

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Pineapple Grove, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/05/2001 3. A01000000189  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Martin J. Satalino  
Name  
2573 NW 59th Street  
Address  
Boca Raton, Florida 33496  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Frances Satalino  
Name  
2573 NW 59th Street  
Florida street address (P.O. Box not acceptable)  
Boca Raton, Florida FL 33496  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Frances Satalino  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.*

Frances Satalino  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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