

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015084

1. Entity Name
PINE HOLDINGS, LLC



Principal Place of Business
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**

Mailing Address
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3686565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A.G.C. CO.
200 S. ORANGE AVE., SUITE 2300
ORLANDO, FL 32802**

**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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000099725
03/31/04-80018-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MADISON, PETE
2117 HOFFNER AVE.
ORLANDO, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUSSELL, JOHN B
2645 CHEROKEE RD.
ST. CLOUD, FL 34772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHALIFOUX, DEBBE R
3325 S. INDIANA AVE
ST. CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *Debbie R. Chalifoux* *Debbie R. Chalifoux Mgr.* *5/29/04* *407-908-5732*

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

Date

Daytime Phone #