

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015084

Entity Name: PINE HOLDINGS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 59-3686565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALIFAU, DEBBE R
365 TAT VINELAND RD
STE 105
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

CHALIFOUX, DEBBE R
365 TAFT VINELAND RD
STE 105
ORLANDO, FL 32824 US

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.

SIGNATURE: DEBBE R. CHALIFOUX

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MADISON, PETE
Address: 4905 OAK ISLAND RD
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: RUSSELL, JOHN B
Address: 2645 CHEROKEE RD.
City-St-Zip: ST. CLOUD, FL 34772

Title: MGR () Delete
Name: CHALIFOUX, DEBBE R
Address: 6105 LAKE LIZZIE DR.
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBBE R CHALIFOUX

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date