


# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2012 JUN -5 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000001601	
1. Entity Name PINEL PROPERTIES, L.C.	

Principal Place of Business 600 WILKINSON STREET, SUITE 250 ORLANDO, FL 32803	Mailing Address 600 WILKINSON STREET, SUITE 250 ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 445 N. Douglas Ave Suite, Apt. #, etc. 2105-D City & State Altamonte Springs, FL Zip 32714 Country USA	3. Mailing Address 445 N. Douglas Ave Suite, Apt. #, etc. 2105-D City & State Altamonte Springs, FL Zip 32714 Country USA
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05152012 Chg-LLC CR2E083 (12/11)

4. FEI Number 59-3695905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAMER, CHARLES W 1411 EDGEWATER DRIVE 100 ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$638.75 Due by September 28, 2012	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEL, THOMAS JR. 600 WILKINSON STREET, SUITE 250 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	5/29/12 Tommy@PINELAPPRAISAL.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE E-MAIL ADDRESS

B Tadlock JUN 05 2012