

LD1000001897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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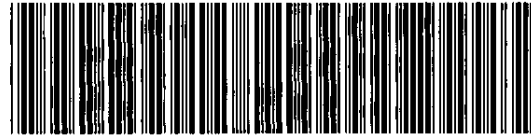
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pineapple Grove, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** LO1000001897

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

Please return all correspondence concerning this matter to:

Louis J. Carbone, Esq.

Contact Person

Louis J. Carbone, P.A.

Firm/Company

90 SE 4th Avenue Suite 1

Address

Delray Beach, Florida 33483

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 at ( 561 ) 272-0282

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Pineapple Grove, LLC

2. (a) Principal office address of limited liability company: 2573 NW 59th Street  
☒ (Note: **MUST BE STREET ADDRESS**) Boca Raton, Florida 33496

(b) Mailing address of limited liability company: 2573 NW 59th Street  
☐ (Note: **MAY BE POST OFFICE BOX**) Boca Raton, Florida 33496

02/05/2001  
3. Date of filing/registration in Florida

601000.00 (899)  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Martin Satalino

Registered Office Address: 2573NW 59th Street  
Boca Raton, Florida 33496

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** Frances Satalino

**NEW Registered Office Address:** 2573 NW 59th Street  
**(MUST BE FLORIDA STREET ADDRESS)** Boca Raton, FL 33496

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Francis Satalino  
Signature of a member or authorized representative of a member

FRANCES SATALINO  
Printed or typed name of signee

*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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Francis Satalino  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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