

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90165 001 ***150.00

DOCUMENT # L01000001916

1. Entity Name
ORMOND OAKS PIPELINE, LLC



Principal Place of Business
**1265 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH, FL 32174**

Mailing Address
**1265 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH, FL 32174**

2. Principal Place of Business
8 CHOCTAW TRAIL

3. Mailing Address
8 CHOCTAW TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

Zip
32174

Country
U.S.A.

Zip
32174

Country
U.S.A.

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3696689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PYLE, MICHAEL A
1265 WEST GRANADA BLVD.
SUITE 1
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name
MICHAEL A. PYLE

Street Address (P.O. Box Number is Not Acceptable)

8 CHOCTAW TRAIL

City
ORMOND BEACH

FL

Zip Code
32174

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)

2/11/04
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PYLE, MICHAEL A
1265 W. GRANADA BLVD. STE. 1
ORMOND BEACH, FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PYLE, MICHAEL A
8 CHOCTAW TRAIL
ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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☐ Change ☐ Addition

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:

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

2/11/04
Date

386-6159007
Daytime Phone #