

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011361

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** THE PINES AT SANDALHAVEN, LLC

**Current Principal Place of Business:**

9192 PINEHAVEN WAY  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363  
PLACIDA, FL 33943

**New Mailing Address:**

**FEI Number:** 72-1534485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATSEL, C. GUY  
16150 SUNSET PINES CIRCLE  
BOCA GRANDE, FL 33921 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SKY, FALLS, LLC  
Address: 16150 SUNSET PINES CIRCLE  
City-St-Zip: BOCA GRANDE, FL 33921

I hereby 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: SKY FALLS, LLC

MGRM

04/05/2010

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