

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90030 009 \*\*\*\*50.00

DOCUMENT # L01000013991

1. Entity Name

PIN OAK, L.L.C.



Principal Place of Business  
16440 S. TAMiami TRAIL  
FORT MYERS FL 33908

Mailing Address  
299 BURNT PINE DR  
NAPLES FL 34119



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1126418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DUNCAN, GORDON R~~  
~~1601 JACKSON ST.~~  
~~101~~  
~~FT. MYERS FL 33901~~

Name

Street Address or Box Number (if Not Acceptable)

City

FL

Zip Code

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

*Paul C. Darrow*

1-26-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	COLARUSSO, ALBERT MGRM	
STREET ADDRESS	29 BURNT PINE DRIVE	
CITY- ST- ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		
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CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Albert Colarusso*

1-26-07

239 461 8386

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

Date

Daytime Phone #