

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90064 039 ****50.00

DOCUMENT # L01000014473

1. Entity Name
PINEAPPLE PROPERTIES, L.L.C.



Principal Place of Business
**358 WEST COMSTOCK AVENUE
WINTER PARK FL 32789**

Mailing Address
**P.O. BOX 33275
INDIALANTIC FL 32903**

40041664

2. Principal Place of Business
624 Creel St

3. Mailing Address
P.O. BOX 33275

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Melbourne FL

City & State
Indialantic, FL

4. FEI Number **59-3739734**

Applied For
Not Applicable

Zip **32935** Country **USA**

Zip **32903** Country **USA**

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

**MONTGOMERY, MICHAEL S
358 W. COMSTOCK AVENUE
WINTER PARK FL 32789**

Name **Mike Montgomery**

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

624 Creel St.

City **Melbourne** FL Zip Code **32935**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-28-03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM MONTGOMERY, MICHAEL S** ☒ Delete
STREET ADDRESS **358 W COMSTOCK AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE
NAME **Montgomery Michael** ☐ Delete
STREET ADDRESS **624 Creel St**
CITY-ST-ZIP **Melbourne FL 32935**

TITLE
NAME **Creel St** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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] SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-28-03 325-751-9991

CR2E063 (10/02)