

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018530

1. Entity Name

PINEAPPLE BLUFF LLC

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 90726 034 ****50.00

Principal Place of Business

22 CRANDON BLVD.
KEY BISCAYNE FL 33149

Mailing Address

PO BOX 33117
INDIALANTIC FL 32903

2. Principal Place of Business

1838 Pineapple

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

McLennan, FL

City & State

Zip

32933

Country

Barb

Zip

Country

4. FEI Number 65-1148242

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERG, DONALD L II
22 CRANDON BLVD.
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name: Helen Berg - MANAGER only
Street Address (P.O. Box Number is Not Acceptable)
1873 Tenth Street Dr
Indialantic
City: Indialantic
FL Zip Code 32903

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Donald L Berg 7239 St. Andrews Blvd Charleston SC 29407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Helen Berg MANAGER only 1873 Tenth Street Dr Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/17

621 409-0699

Date

Daytime Phone #

CR2E083 (9/01)