

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 013 ****50.00

DOCUMENT # L02000017550

1. Entity Name

THE PICOLATA RIVER GROUP, LLC



Principal Place of Business

10690 CR 13 NORTH
ST AUGUSTINE FL 32092

Mailing Address

10690 CR 13 NORTH
ST AUGUSTINE FL 32092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0704717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SYKES FIRM PROFESSIONAL LTD. CO.
103 SAN RAFAEL RD
ST. AUGUSTINE FL 32030~~

7. Name and Address of New Registered Agent

Name Steve Coladden

Street Address (P.O. Box Number is Not Acceptable)
10690 C.R. 13 North

City St. Augustine FL Zip Code 32092

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005.**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARNOLD, CAROLYN S	
STREET ADDRESS	1170 MCENTIRE RD	
CITY-ST-ZIP	TRYON NC 28782	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARNOLD, PAUL	
STREET ADDRESS	1170 MCENTIRE RD	
CITY-ST-ZIP	TRYON NC 28782	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARNOLD, PAUL JR.	
STREET ADDRESS	1170 MCENTIRE RD	
CITY-ST-ZIP	TRYON NC 28782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-22-05 828-863-4645

Date

Daytime Phone #