

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000020579

1. Entity Name
PINEL & CARPENTER PROPERTIES, LLC



Principal Place of Business
824 HIGHLAND AVENUE
ORLANDO, FL 32803

Mailing Address
824 HIGHLAND AVENUE
ORLANDO, FL 32803

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 AM 11:48



09172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0419967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, WALTER N JR.
824 N. HIGHLAND AVE.
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARPENTER, WALTER N JR.
STREET ADDRESS	824 HIGHLAND AVENUE
CITY- ST- ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

09/23/08-80002-018 538.75

**DO NOT WRITE
IN THIS SPACE**

09/26/08-01048-003 **538.75

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

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

Date

Daytime Phone #