FILED
Sep 02, 2003 8:00 am
Secretary of State
07-14-2003 90092 008 ****50.00

7/14/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022907

55055509

[redacted]

1. Entity Name
THE PINNACLE COMPANY, LLC

Principal Place of Business	Mailing Address
~~3437 ASHTON OAKS COVE~~ ~~LONGWOOD FL 32779~~	~~3437 ASHTON OAKS COVE~~ ~~LONGWOOD FL 32779~~

2. Principal Place of Business	3. Mailing Address
Maitland	2424 Legacy Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland Fl.	City & State
Zip: 32751 / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES — address change

4. FEI Number: 54-2078128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PINNOCK, THOMAS W
~~3437 ASHTON OAKS COVE~~ 2424 Legacy LK. Dr.
~~LONGWOOD FL 32779~~ Maitland, FL. 32751

7. Name and Address of New Registered Agent

Name: ~~The Pinnacle Company~~ Thomas W. Pinnock
Street Address (P.O. Box Number Is Not Acceptable): 2424 Legacy LK. Dr.
City: Maitland FL Zip Code: 32751

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: Thomas W. Pinnock — July 10, 2003
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR / PINNOCK, THOMAS W / ~~3437 ASHTON OAKS COVE~~ 2424 Legacy LK. Dr. / ~~LONGWOOD FL 32779~~ Maitland, Fl 32751 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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: Thomas W. Pinnock [SIGNATURE REQUIRED] — July 10, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #