2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043080

Entity Name: PINELLAS RESTORATIONS, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5910 BRECKENRIDGE PARKWAY, SUITE C TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 5910 BRECKENRIDGE PARKWAY, SUITE C TAMPA, FL 33610 FEI Number: 54-2137842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F & L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition SEAGREN, RON Name: Name: Address: 5910 BRECKENRIDGE PARKWAY, SUITE C Address:

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

T:41 - ·

TAMPA, FL 33610

GABBARD, CHARLEY

TAMPA, FL 33610

() Delete

5910 BRECKENRIDGE PARKWAY, SUITE C

MGR

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: SEAGREN, JAMIE

Address: Address: 5910 BRECKENRIDGE PARKWAY SUITE C

City-St-Zip: City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON SEAGREN PRES 04/28/2009