

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052885

FILED
Jan 05, 2011
Secretary of State

Entity Name: PINE ISLAND HOME CARE APPLIANCE SERVICE, LLC

Current Principal Place of Business:

5029 FLAMINGO DRIVE
ST. JAMES CITY, FL 33956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 528
ST. JAMES CITY, FL 33956 US

New Mailing Address:

FEI Number: 65-0299859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORREST, PAUL R JR.
5029 FLAMINGO DRIVE
ST. JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

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:

Title: MGRM
Name: FORREST, PAUL R JR.
Address: 5029 FLAMINGO DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956 US

I hereby 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: MELODY G. FORREST

MNGR

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date