

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015666

1. Entity Name
PINE GROVE, LLC



FILED
Apr 14, 2008 08:00 A
Secretary of State

Principal Place of Business
432 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

Mailing Address
432 SOUTH BABCOCK STREET
MELBOURNE, FL 32901



03192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0783685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE
SUITE 1500
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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000897255

04/25/08-80039-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEZZEMINTI, ALEXANDER
STREET ADDRESS	432 S BABCOCK ST
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/21/08

Date

321-722-5033

Daytime Phone #