LIMITED LIABILITY COMPANY L06000041496
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: PINES LAKE, LLC

FILED
06 SEP 12 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18501 PINES BLVD	18501 PINES BLVD
Suite, Apt. #, etc.: # 107	Suite, Apt. #, etc.: #107
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33029 Country:	Zip: 33029 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-2141494 ☑ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALEJANDRO REMOS

Street Address (P.O. Box Number is Not Acceptable): 18501 PINES BLVD #107

City: PEMBROKE PINES FL Zip Code: 33029

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	ALEJANDRO REMOS
STREET ADDRESS	18501 PINES BLVD #107
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	MANAGER
NAME	ALBERTO CHINCHILLA
STREET ADDRESS	18501 PINES BLVD #107
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
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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 605, Florida Statutes.

SIGNATURE: _____ 9-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #