

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # L04000045236

1. Entity Name
PINE MEADOW PROPERTIES, LLC



Principal Place of Business
301 NORTH PINE MEADOW DR
STE A
DEBARY, FL 32713

Mailing Address
301 NORTH PINE MEADOW DR
STE A
DEBARY, FL 32713



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0258837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIFERIE, ROBERT L
301 NORTH PINE MEADOW DR
STE A
DEBARY, FL 32713

**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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BIFERIE, ROBERT L
STREET ADDRESS	301 N. PINE MEADOW DR. STE. A
CITY-ST-ZIP	DEBARY, FL 32713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**DO NOT WRITE
IN THIS SPACE**

U00000797768

01/30/08-80001-020-138.75

1/14/08

Daytime Phone # _____