

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

07 APR -4 PM 2:46

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000052663

1. Entity Name
PISCES INVESTMENTS, LLC



Principal Place of Business
215 GEORGE ROAD
PORT CHARLOTTE, FL 33952

Mailing Address
P.O. BOX 494857
PORT CHARLOTTE, FL 33949-4857

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1370832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUPPAVARAPU, RAJAKUMARI
215 GEORGE ROAD
PORT CHARLOTTE, FL 33952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUPPAVARAPU, RAJAKUMARI
215 GEORGE ROAD
PORT CHARLOTTE, FL 33952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800096342988
04/10/07--01032--016 ***700.00

TITLE
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CITY-ST-ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/30/07

Date

(941) 914-2313

Daytime Phone #