

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 046 ****50.00

DOCUMENT # L04000058520

1. Entity Name
331 PINE ISLAND, LLC



Principal Place of Business
2018 SOUTHEAST 21ST STREET
CAPE CORAL, FL 33990

Mailing Address
2018 SOUTHEAST 21ST STREET
CAPE CORAL, FL 33990

20028505



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-1466708

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CASEY, PATRICK B JD, CPA
9240 BONITA BEACH ROAD
SUITE 2209
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name
Dale A. Blow

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

2018 SE 21ST STREET

City
Cape Coral

FL

Zip Code
33990

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 Dale A. Blow Dale A. Blow

4-01-05

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mbr
Blow, Dale
2018 SE 21st Street
Cape Coral, FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mbr
Viera, Robert
1411 SE 39th Terrace
Cape Coral, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mbr
Derupo, Robert
2219 SE 10th Lane
Cape Coral, FL 33990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: Dale A. Blow Dale A. Blow 4-01-05 239-772-9354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #