2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000058520

1. Entity Name
331 PINE ISLAND, LLC

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

01302008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1466708
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLOW, DALE A
2018 SE 21ST STREET
CAPE CORAL, FL 33990

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000830557
02/26/08-80089-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BLOW, DALE A
STREET ADDRESS	2018 SE 21ST STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	VIERA, ROBERT
STREET ADDRESS	1411 SE 39TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	DERUPO, ROBERT
STREET ADDRESS	2219 SE 10TH LANE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Dale A Blow 2-15-08 239-292-9354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #