

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058520

Entity Name: 331 PINE ISLAND, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-1466708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: BLOW, DALE A  
Address: 2018 SE 21ST STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: VIERA, ROBERT  
Address: 1411 SE 39TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: DERUPO, ROBERT  
Address: 2219 SE 10TH LANE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

D

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date