

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90036 042 ****55.00

DOCUMENT # L04000069088

1. Entity Name
PINEDA SPRINGS, L.C.



Principal Place of Business
2920 PEBBLE COURT STREET
MELBOURNE, FL 32935

Mailing Address
2920 PEBBLE COURT STREET
MELBOURNE, FL 32935

20046304



05212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

2920 Pebble Creek St.

Suite, Apt. #, etc.

3. Mailing Address

2920 Pebble Creek St.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

20-2095246

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASSARO, JOHN A
2920 PEBBLE COURT STREET
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Massaro, John A.

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

2920 Pebble Creek Street

City: Melbourne

FL

Zip Code

32935

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MASSARO, JOHN A
218 EMANN DRIVE
CAMILLUS, NY 13031 ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

4/30/06

ATTACHMENT

20046304

#L04000069088

218 Emma St.
Camillus, NY
13031

To Whom It May Concern,
Would you please send
the certificate of status to
me as soon as possible.

I have enclosed a
self-addressed envelope.
Thank you.

Sincerely,
John Messersmith