

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000072750

1. Entity Name  
PYTHA DEVELOPMENT, LLC



FILED

08 OCT 10 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1525 CHENEY HWY  
TITUSVILLE, FL 32780

Mailing Address  
1525 CHENEY HWY  
TITUSVILLE, FL 32780

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

10022008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1720936

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FARO, MICHAEL A  
7093 BRACKEN LANE  
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent

Name Faro Associates, P.A.  
Street Address (P.O. Box Number is Not Acceptable)

150 Cocoa Isles Blvd. Suite 404  
City Cocoa Beach FL Zip Code 32931

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/2/08

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HATOUM, A. DANNY ☐ Delete  
STREET ADDRESS 2199 ARNOLD PALMER DRIVR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE MGR  
NAME HATOUM, LELA S ☐ Delete  
STREET ADDRESS 2199 ARNOLD PALMER DRIVE  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE MGR  
NAME LEMON, RICHARD D ☐ Delete  
STREET ADDRESS 180 SKYLARK  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE MGR  
NAME LEMON, DAVID J ☐ Delete  
STREET ADDRESS 180 SKYLARK  
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE MGR  
NAME MCDONALD, THOMAS J ☒ Delete  
STREET ADDRESS 8410 LEONARD AVE  
CITY-ST-ZIP COCOA, FL 32927

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

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]*

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

Date

Daytime Phone #

10/2/08

321-784-8158