

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 036 ****50.00

DOCUMENT # L04000079351

1. Entity Name
PIT MASTER'S LLC



Principal Place of Business
438 HITSON LANE
QUINCY, FL 32352

Mailing Address
438 HITSON LANE
QUINCY, FL 32352

20037815



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, DONALD
270 HITSON LANE
QUINCY, FL 32352

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

438 Hitson Lane

City Quincy FL Zip Code 32352

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

4-10-05

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GIBSON, JEAN K
STREET ADDRESS 438 HITSON LANE
CITY - ST - ZIP QUINCY, FL 32352

TITLE ☐ Change ☐ Addition

TITLE MGRM ☐ Delete
NAME GIBSON, DON
STREET ADDRESS 270 HITSON LANE
CITY - ST - ZIP QUINCY, FL 32352

TITLE ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ 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: Jean K. Gibson Jean K. Gibson 4/7/05 850-297-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #