

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # L04000082898

1. Entity Name
PICERNE SADDLEBROOK, LLC



Principal Place of Business
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2737750

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ.
C/O GRAYROBINSON, P.A.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

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IN THIS SPACE**

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 May 1, 2007**

000000761158
05/25/07-80042-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICRENE, ROBERT M 247 N WESTMONTH DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR URITESEV, RAYMOND M 75 LAMBERT LINE HWY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICRENE, JOHN G 75 LAMBERT LINE HWY WARWICK, RI 02886
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICERNE, DAVID R 1420 E MISSOURI AVE STE 100 PHOENIX, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICRENE, JEANNE 1420 E MISSOURI AVE STE 100 PHOENIX, AZ 85014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICERNE INVESTMENT CORPORATION 75 LAMBERT LINE HWY WARWICK, RI 02886

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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:

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

Date

Daytime Phone #