


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90308 005 ****50.00

DOCUMENT # L05000004783					
1. Entity Name PRISTINE HOLDINGS, LLC					
Principal Place of Business 1611 SW 18TH ST. CAPE CORAL, FL 33991			Mailing Address 1611 SW 18TH ST. CAPE CORAL, FL 33991		
2. Principal Place of Business - No P.O. Box # 2501 SW 25th Ave		3. Mailing Address 2501 SW 25th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 20-2298195	
Zip 33914		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01252007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent YOUNG, CHRISTINA 1611 SW 18TH ST. CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name <u>Young, Christina</u> Street Address (P.O. Box Number is Not Acceptable) <u>2501 SW 25th Ave</u> City <u>Cape Coral</u> FL Zip Code <u>33914</u>		
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 <u>Christina Young</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/7/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, CHRISTINA 1611 SW 18TH ST. CAPE CORAL, FL 33991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2501 SW 25th Ave Cape Coral FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR COLON, JOSE 1611 SW 18TH ST. CAPE CORAL, FL 33991		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		2501 SW 25th Ave Cape Coral FL 33914	
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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: <u>Christina Young</u>			2/7/07 239-357-7511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		