

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90207 001 ***100.00

DOCUMENT # L05000069447

1. Entity Name
PID, LLC



Principal Place of Business
609 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

Mailing Address
609 BAYSHORE DRIVE
TARPON SPRINGS, FL 34689

30000459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number **84-1685736** Applied For
Not Applicable

Zip

Country

Zip

Country

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

WOLLINKA, DAVID J
2312 U. S. HIGHWAY 19
HOLIDAY, FL 34691

Name **THEOFILOS MANGLIS**

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

609 BAYSHORE DR

City **TARPON SPRINGS FL** Zip Code **34689**

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

Tula Manglis

member

Feb. 7, 06

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MANGLIS, THEOFILOS
STREET ADDRESS 609 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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

TITLE MGRM ☐ Delete
NAME MANGLIS, TULA
STREET ADDRESS 609 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 *Tula Manglis*

member

February 7, 06

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

Date

Daytime Phone #