2007 L	IMITED	LIABILIT	Y COMPANY		
ANNUAL REPORT					

DOCUMENT # L05000069447
1. Entity Name
PID, LLC



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

MANGLIS, THEOFILOS

TARPON SPRINGS, FL 34689

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609 BAYSHORE DR

SIGNATURE

c.

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Mailing Address **609 BAYSHORE DRIVE** TARPON SPRINGS, FL 34689

## FILED Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90027 023 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



4. FEI Number

CR2E083 (11/05)

Applied For

\$5.00 Additional

Fee Required

Not Applicable

84-1685736 

5. Certificate of Status Desired

## DO NOT WRITE 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. 5 B

SIGNATURE.	<u></u>		<u></u>
·····	Signature, typod or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MANGLIS, THEOFILOS 609 BAYSHORE DRIVE TARPON SPRINGS, FL 34689		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANGLIS, TULA 609 BAYSHORE DRIVE TARPON SPRINGS, FL 34689		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT V	VRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
FITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 epidewered to execute this report as required by Chapter 608, Florida Statutes.

1 BEI IN AGING Daytime Phone # Date INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RI