


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90182 022 ****50.00

DOCUMENT # L05000075797	
1. Entity Name PINEWOOD ENGINEERING OF FLORIDA, PLLC	

Principal Place of Business 6038 N. MALLARD DRIVE HERNANDO, FL 34442 US	Mailing Address 6038 N. MALLARD DRIVE HERNANDO, FL 34442 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 339 Pinemont Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Sour Lake
City & State	City & State Texas
Zip	Zip 77659
Country	Country USA



07062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3284318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GILLETTE, DOUGLAS M 6038 N. MALLARD DRIVE HERNANDO, FL 34442	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLETTE, DOUGLAS M 6038 N. MALLARD DRIVE HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Douglas M Gillette* 7/24/07 409-753-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #