

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000109973

1. Entity Name
PICERNE HALIFAX HOUSING, LLC



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

Mailing Address
247 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

FILED
May 01, 2007 08:00 AM
Secretary of State



03302007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-3819514

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
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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PICERNE, ROBERT M
STREET ADDRESS	247 N. WESTMONTE DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80117-006 50.00

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IN THIS SPACE**

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 #