

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038932

Entity Name: PINewood COVE, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

2101 CLIMBING IVY DRIVE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

2101 CLIMBING IVY DRIVE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 42-6967130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN, JEFFREY M
2101 CLIMBING IVY DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEAN, DENISE W
Address: 2101 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: DEAN, JEFFREY M
Address: 2101 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: DEAN, JEFFREY M JR.
Address: 2101 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEAN, DENISE W MGR
Address: 2101 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change () Addition
Name: DEAN, JEFFREY M MGR
Address: 2101 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY M DEAN

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date