

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000046632

1. Entity Name
PIONEER GROUP LLC



Principal Place of Business
**23 ALAFAYA WOODS BLVD.
161
OVIEDO, FL 32765 US**

Mailing Address
**23 ALAFAYA WOODS BLVD.
161
OVIEDO, FL 32765 US**



05022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGH, FAUJA
23 ALAFAYA WOODS BLVD.
161
OVIEDO, FL 32765**

**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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SINGH, FAUJA MGRM
STREET ADDRESS	23 ALAFAYA WOODS BLVD. 161
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4/30/08

Date

Daytime Phone # _____