

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90066 030 \*\*\*138.75

**DOCUMENT # L06000077932**

1. Entity Name  
**PINE-ANDALUSIA, LLC**



Principal Place of Business  
**3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904**

Mailing Address  
**3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904**

**60003441**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**PO Box 101526**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State

**Cape Coral FL**

4. FEI Number  
**20-5345753**

Applied For  
Not Applicable

Zip

Country

**33910-1526 USA**

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

6. Name and Address of Current Registered Agent

**HAYWOOD, STEPHEN W  
3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HAYWOOD, STEPHEN W  
3613 DEL PRADO BLVD.  
CAPE CORAL, FL 33904**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:**

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

**11/5108 (239) 945-1949**

Date

Daytime Phone #