

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 044 ***138.75

DOCUMENT # L07000016545

1. Entity Name
PIPITONE, LLC



Principal Place of Business
3184 S RIDGEWOOD
UNIT 1 & 2
SOUTH DAYTONA BEACH, FL 32119

Mailing Address
17206 LYME STONE CT
NEW SMYRNA BEACH, FL 32168

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

3. Mailing Address

3184 S. Ridgewood

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1 & 2

City & State

City & State

South Daytona FL 32119

Zip

Country

Zip

Country

32119

01222008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

87-0795536

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE & ROSE, PA.
222 SEABREEZE BLVD
DAYTONA BEACH, FL 32118

Name

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

City

FL

Zip Code

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
PIPITONE, ANTONINO
17206 LYME STONE CT
NEW SMYRNA BEACH, FL 32168 ☐ Delete

TITLE
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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: *X Antonio P. P...*

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

Date

Daytime Phone #