

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000090958

Entity Name: PINEAPPLE EAST LLC

FILED  
Apr 04, 2009  
Secretary of State

**Current Principal Place of Business:**

149 NE 2ND AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

149 NE 2ND AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODFREY, RONALD P  
215 NE 1ST AVE  
DELRAY BEACH, FL 33444 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: RONALD P GODFREY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GODFREY, RONALD P  
Address: 215 NE 1ST AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete  
Name: ABBATMATTEO, ANTHONY  
Address: 3606 S OCEAN BLVD #908  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGR ( ) Delete  
Name: ZABIK, VINCE  
Address: 505 NE 3RD ST  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

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

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

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: RONALD P GODFREY

MNG

04/04/2009

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