

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90082 046 \*\*\*138.75

DOCUMENT # L07000108563

1. Entity Name  
PIPELINE LOGISTICS, LLC



Principal Place of Business  
180 S. KNOWLES AVE.  
SUITE 7  
WINTER PARK, FL 32789

Mailing Address  
P.O. DRAWER 30  
WINTER PARK, FL 32790

60041157



2. Principal Place of Business - No P.O. Box #  
1111 Lakeview Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1111 Lakeview Drive  
Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State  
Winter Park, FL  
Zip  
32789  
Country  
United States

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Winter Park, FL  
Zip  
32789  
Country  
United States

4. FEI Number  
77-0710149  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BERMAN, JED  
180 S. KNOWLES AVE.  
SUITE 7  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name  
Annette Kroha  
Street Address (P.O. Box Number is Not Acceptable)  
1111 Lakeview Dr  
City  
Winter Park FL Zip Code  
32789

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

*Annette Kroha*

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

(NOTE: Registered Agent signature required when reinstating)

1-17-08

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Annette Kroha  
1111 Lakeview Dr  
Winter Park, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Christopher Kroha  
1111 Lakeview Drive  
Winter Park, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Annette Kroha* Annette Kroha MGRM 1-17-08 407-404-2314

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

Date

Daytime Phone #