

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002405

FILED
Feb 17, 2009
Secretary of State

Entity Name: PIVOTAL ENTERPRISES LLC

Current Principal Place of Business:

7100 GRACE RD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7100 GRACE RD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 06-1837529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, ALAN
7100 GRACE RD
ORLANDO, FL 32819 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: BANGLE, BRIAN
Address: 2627 ROSE ISLE CIR
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Delete
Name: KIEBLER, MICHAEL
Address: 13750 W COLONIAL DR - STE 350
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Delete
Name: WALLACE, WILLIAM LEE
Address: 470 FAIRFAX AVE
City-St-Zip: WINTER GARDEN, FL 32789

Title: MGRM () Delete
Name: SIEGEL, ALAN
Address: 7100 GRACE RD
City-St-Zip: ORLANDO, FL 32819

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:

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: ALAN SIEGEL

MGRM

02/17/2009

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