

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103147

FILED  
Sep 11, 2009  
Secretary of State

**Entity Name:** THE PINNACLE HOLDINGS GROUP, LLC

**Current Principal Place of Business:**

11965 SW 142ND TERRACE  
110  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970997  
MIAMI, FL 33197

**New Mailing Address:**

FEI Number: 26-3975001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BROWN, YOLANDA  
11965 SW 142ND TERRACE  
110  
MIAMI, FL 33186 US

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: MGR ( ) Delete  
Name: BROWN, YOLANDA  
Address: 11965 SW 142ND TERRACE, SUITE 110  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: DENNIS, ELIZABETH  
Address: 11965 SW 142ND TERRACE, SUITE 110  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

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: YOLANDA BROWN

MGR

09/11/2009

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