

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024005

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** PINNACLE ENTERPRISES GROUP, LLC.

**Current Principal Place of Business:**

4556 GRAND LAKESIDE DRIVE  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

4556 GRAND LAKESIDE DRIVE  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

6645 RIDGE ROAD  
PORT RICHEY, FL 34668 US

**FEI Number:** 61-1592607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONALDSON, SHANE D  
4556 GRAND LAKESIDE DRIVE  
PALM HARBOR, FL 34684 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:** MGR  
**Name:** DONALDSON, SHANE D  
**Address:** 4556 GRAND LAKESIDE DRIVE  
**City-St-Zip:** PALM HARBOR, FL 34684 US

**Title:** MGR  
**Name:** WORTHINGTON, PAUL M  
**Address:** 18701 GOLDEN HAWK COURT  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** MGRM  
**Name:** WORTHINGTON, VIVIENNE F  
**Address:** 18701 GOLDEN HAWK COURT  
**City-St-Zip:** HUDSON, FL 34667 FL

**Title:** MGRM  
**Name:** PAGE, RACHAEL L  
**Address:** 4556 GRAND LAKESIDE DRIVE  
**City-St-Zip:** PALM HARBOR, FL 34684 FL

I hereby 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:** SHANE DONALDSON

MGR

03/07/2012

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