

L17000175261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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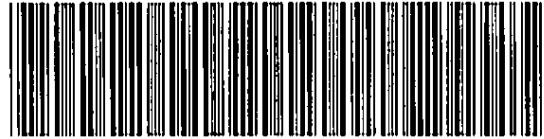
(Business Entity Name)

(Document Number)

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2020 OCT -1 AM 10:06
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TALLAHASSEE, FL

10/19/20

COVER LETTER

File 2nd

TO: Registration Section
Division of Corporations

SUBJECT: PNA UNLIMITED LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PETER G TSIRNIKAS

(Contact Person)

PNA UNLIMITED LLC

(Firm/Company)

19814 E ALTOONA ROAD

(Address)

ALTOONA, FL 32702

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER G TSIRNIKAS

(Name of Contact Person)

at 352 256-6127

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PNA UNLIMITED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/16/2017 and assigned
Florida document number 82-2505713.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	ZACHARY JOHN DARLINGTON	750 KING STREET, EUSTIS, FL 32726	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
VP	AMBER L. TSIRNIKAS	103 S. MERGANSERR DR., PIKEVILLE, NC 27863	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 OCT - 11 AM 10: 06
CLERK OF STATE
TALLAHASSEE, FL

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 17 2020

Signature of a member or authorized representative of a member

PETER G. TSIRNIKAS, MGR

Typed or printed name of signee



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Detail by Entity Name

Florida Limited Liability Company

PNA UNLIMITED LLC

Filing Information

Document Number L17000175261

FEI/EIN Number 82-2505713

Date Filed 08/16/2017

Effective Date 08/16/2017

State FL

Status ACTIVE

Principal Address

19814 E. ALTOONA ROAD
ALTOONA, FL 32702

Changed: 04/18/2019

Mailing Address

19814 E. ALTOONA ROAD
ALTOONA, FL 32702

Changed: 03/27/2019

Registered Agent Name & Address

TSIRNIKAS, PETER G
19814 E. ALTOONA ROAD
ALTOONA, FL 32702

Address Changed: 04/18/2019

Authorized Person(s) Detail

Name & Address

Title Manager

TSIRNIKAS, PETER G
19814 E. ALTOONA ROAD
ALTOONA, FL 32702

Title VP

Tsirnikas, Peter Malagant
19814 E. ALTOONA ROAD
ALTOONA, FL 32702

Title COO

Darlington, Zachary John
750 King Street
Eusits, FL 32726

Annual Reports

Report Year	Filed Date
2018	06/27/2018
2019	04/18/2019
2020	05/28/2020

Document Images

05/28/2020 -- ANNUAL REPORT

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