					-			
DOCUMENT # L9600000629 1. Entity Name					peter see			
PINEAPPLE GROVE OFFICE BUILDING, L.C.					FILED			
Principal Place of Business Mailing Address					00 SEP 29 PM 1: 48			
4400 RENAISSANCE PKWY STE L WARRENSVILLE HEIGHTS OH 44128 4400 RENAISSANCE PKWY WARRENSVILLE HEIGHTS O					SECRETARY OF S	TATE		
				28	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.	e. Apt. #. etc.		DO NOT WRITE IN THIS SPACE				
City & Stat		City & State	,		4. FEI Number 65-0684615		lot Applicable	
Žip	Country	. Zip	Cour	atry	5. Certificate of Status Desired_	□ \$5.00 Ac Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
WEINER, MICHAEL				Street Address (Address (P.O. Box Number is Not Acceptable)			
102 N. SWINTON AVENUE. DELRAY BEACH FL 33444				· · · · · · · · · · · · · · · · · · ·	······································			
				City		FL Zip Cod	de	
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Flo	rida.		
SIGNATURE			<u> </u>					
	Signature, typed or printed name of registered agent	*		d Agent signature required	wrien reinstating)	DATE		
		Make Check Pa		FEE IS \$50.00 o Department o	f State	g Frei	`-	
9.	MANAGING MEMB		10.		ADDITIONS/	CHANGES	·	
TITLE NAME	MGRM Delete			E	•	Change	☐ Addition	
STREET ADDRESS	102 11: 01:111011 1112:			ET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33444			-ST-ZIP	· Change Addition			
NAME	MGRM Delete			E	·			
STREET ADDRESS CITY-ST-ZIP	4400			ET ADDRESS - ST-ZIP	700003414427-021			
TITLE	WARRENSVILLE HIS. OH 217128		TITLE	1] □ □ → → → → → → □ Change	Addition	
NAME STREET ADDRESS			NAM STRE	E Et address				
CITY-ST-ZIP	·			-ST-ZIP				
TITLE		☐ Delete	TITLE	Ī		☐ Change	☐ Addition	
NAME Street address			NAM STRE	E Et address				
CITY-ST-ZIP	<u> </u>			-ST-ZIP				
TITLE			TITLE	· 1	<u> </u>	☐ Change	☐ Addition	
NAME Street address			NAM STRE	E et address			}	
CITY-ST-ZIP				-ST-ZIP		<u> </u>		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have:	the same	legal effect as if m	nade under oath: that I am a manag			

Daytime Phone #