

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90088 033 ****50.00

DOCUMENT # L98000002652

1. Entity Name

PENSOL, L.L.C.



Principal Place of Business

400 GULF BREEZE PARKWAY
~~STE 208~~
~~GULF BREEZE FL 32561~~

Mailing Address

P.O. BOX 99
GULF BREEZE FL 32562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

77 Baybridge Comm. Park

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, MARK III

~~400 GULF BREEZE PARKWAY~~
~~STE 208~~
GULF BREEZE FL 32561

Name

Street Address (P.O. Box Number is Not Acceptable)

77 Baybridge Commercial Park

City

Gulf Breeze

FL

Zip Code

32561

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LYONS, MARK III
P.O. BOX 99 N/A
GULF BREEZE FL 32562 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mark Lyons III 4/30/05 850 934 0440