

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045866

**Entity Name:** PINEAIRE, LLC

**Current Principal Place of Business:**

1120 FLORIDA ST  
# 700  
SANFORD, FL 32773

**Current Mailing Address:**

P.O. BOX 950361  
LAKE MARY, FL 32795

**FEI Number:** 56-2601959

**Certificate of Status Desired:** No

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

AWAD, MARK  
1120 FLORIDA ST  
# 700  
SANFORD, FL 32773 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

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name AWAD, MARK  
Address PO BOX 950361  
City-State-Zip: LAKE MARY FL 32795

Title AUTHORIZED MEMBER  
Name AWAD, CAROL H  
Address P.O. BOX 950361  
City-State-Zip: LAKE MARY FL 32795

Title AUTHORIZED MEMBER  
Name AWAD, ANDREW  
Address P.O. BOX 950361  
City-State-Zip: LAKE MARY FL 32795

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK AWAD

**MGR**

**03/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date