Current Mail	ing Address:			
P. O. BOX 16				
ANNA MARIA	A, FL 34216			
FEI Number: 45-0569649			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
GREENE, ROBERT F 410 43RD STREET W SUITE N BRADENTON, FL 34209 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: ROBERT F GREENE				03/10/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	CHILES, EDWARD G	Name	WOLFE, CHARLES	
Address	P.O. BOX 1678	Address	P. O. BOX 1478	
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216	

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.

MGR

SIGNATURE: EDWARD G CHILES

Electronic Signature of Signing Authorized Person(s) Detail

03/10/2022

## **Current Principal Place of Business:**

Entity Name: PINE AVENUE RESTORATION, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

315 PINE AVE

## ANNA MARIA, FL 34216

DOCUMENT# L07000073573

Date