

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045379

**Entity Name:** PINE ISLAND SPICE COMPANY, LLC

**Current Principal Place of Business:**

17369 40TH RUN NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

P.O. BOX 483  
BOKEELIA, FL 33922

**FEI Number:** 27-0176547

**Certificate of Status Desired:** No

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

CARLISLE, PAUL  
17369 40TH RUN NORTH  
LOXAHATCHEE, FL 33470 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 MGRM  
Name CARLISLE, PAUL  
Address P.O. BOX 483  
City-State-Zip: BOKEELIA FL 33922

Title MGRM  
Name CARLISLE, GWEN  
Address P.O. BOX 483  
City-State-Zip: BOKEELIA FL 33922

*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:** GWEN CARLISLE

**CO MANAGER**

**05/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date