

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000094411

**Entity Name:** COUNTRY PINE ESTATES, LLC

**Current Principal Place of Business:**

2511 S. HWY 77  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

P.O. BOX 487  
PANAMA CITY, FL 32402

**FEI Number: 82-1372372**

**Certificate of Status Desired: No**

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

CHIVERS, SAMMY C  
2511 S. HWY 77  
LYNN HAVEN, FL 32444 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	MGR	Title	MANAGER
Name	CHIVERS, SAMMY C	Name	CHIVERS, KATHRYN S.
Address	P.O. BOX 487	Address	P.O. BOX 487
City-State-Zip:	PANAMA CITY FL 32402	City-State-Zip:	PANAMA CITY FL 32402

*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: KATHRYN CHIVERS**

**MANAGER**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date