


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000021471**

1. Entity Name  
**BLUELINE MECHANICAL, LLC**



Principal Place of Business <b>4611 107TH CIR N.          CLEARWATER, FL 33762 US</b>	Mailing Address <b>4611 107TH CIR N.          CLEARWATER, FL 33762 US</b>
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**DO NOT WRITE IN THIS SPACE**



01212008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0041133</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PANARO, STEPHEN L  
 12895 110TH AVE N  
 LARGO, FL 33774**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANARO, STEPHEN L 12895 110TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANARO, ANGELA C 12895 110TH AVE N. LARGO, FL 33774
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 02/08/08-80070-009 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Angela C Panaro*    *Angela C Panaro*    *1/30/08*    *727-540-0255*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #