

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072630

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: LINEN LINE, LLC

**Current Principal Place of Business:**

8345 NW 66 ST  
#8627  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8345 NW 66 ST  
#8627  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOBRINEVSKI, SERGEI  
Address: 8345 NW 66 ST #8627  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM ( ) Delete  
Name: PALIKANAU, ALIAKSANDR  
Address: 8345 NW 66 ST #8627  
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM (X) Delete  
Name: BERLIN, GEOFFREY  
Address: 76 PLACE DU DR. FELIX LOBLIGEIOIS  
City-St-Zip: PARIS, XX 75017 FR

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DOBRINEVSKI

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date