


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90012 006 \*\*\*138.75

**DOCUMENT # L06000064302**

1. Entity Name  
 SHORELINE PLASTICS, LLC



Principal Place of Business  
 1597 HARRINGTON PARK DRIVE  
 JACKSONVILLE, FL 32225 US

Mailing Address  
 1597 HARRINGTON PARK DRIVE  
 JACKSONVILLE, FL 32225 US

2. Principal Place of Business - No P.O. Box #  
 5933 Broadway Ave  
 Suite, Apt. #, etc.  
 #4

3. Mailing Address  
 5933 Broadway Ave  
 Suite, Apt. #, etc.  
 #4

City & State  
 Jacksonville, FL


City & State  
 Jacksonville, FL

Zip  
 32254

Country

Zip  
 32254

Country



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-8246320

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES A. NOLAN, P.A.  
 4114 HERSCHEL STREET, SUITE 105  
 JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORTER, MARK A 1597 HARRINGTON PARK DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4-21-08 904 786-9989

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