

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009638

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: POCALINE, L.C.

**Current Principal Place of Business:**

36456 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

212 W VIRGINIA AV  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

CAROLINE THONON  
P.O.BOX 510665  
PUNTA GORDA, FL 33951

**New Mailing Address:**

FEI Number: 65-1038931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THONON, CAROLINE  
36456 WASHINGTON LOOP ROAD  
PUNTA GORDA, FL US

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

THONON, CAROLINE  
212 W VIRGINIA AV  
PUNTA GORDA, FL 33950 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:

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THONON, CAROLINE  
Address: 36456 WASHINGTON LOOP ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: CAROLINE THONON

MRS

01/16/2009

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