

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90175-001\$150.00-\$50.00

03 OCT -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000001509

1. Entity Name
INLINE MANAGEMENT, LLC



Principal Place of Business
770 EAST MARKET STREET
WEST CHESTER PA 19382

Mailing Address
770 EAST MARKET STREET
WEST CHESTER PA 19382

2. Principal Place of Business
780 E. Market St.
Suite, Apt. #, etc.
Suite 120

3. Mailing Address
780 E. Market St.
Suite, Apt. #, etc.
Suite 120

City & State
West Chester, PA
Zip
19382
Country
USA

City & State
West Chester, PA
Zip
19382
Country
USA

4. FEI Number
01-0571750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, SUITE 3500
MIAMI FL 33131

Name
Charles B. Miller
Street Address (P.O. Box Number is Not Acceptable)
500 Phillips Dr.
City
Boca Raton FL Zip Code
33432

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

Charles B. Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Miller Charles B.
500 Phillips Dr.
Boca Raton, FL 33432 (President)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Vice President
Van Soest, David
780 E. Market St. Suite 120
West Chester, PA 19382

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles B. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-27-03 810.429-4111

CR2E083 (4/03)