

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000005334

1. Entity Name
SHORELINE CAPITAL VENTURES, LLC



FILED

07 SEP 13 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 15663

TALLAHASSEE, FL 32317

3666 ~~DR~~ PEDDIE DR.
TALLAHASSEE, FL 32303

Mailing Address

P.O. BOX 15663

TALLAHASSEE, FL 32317

BK



08312007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

04-3630094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE, NICHOLAS MIKE III
3666 PEDDIE DR.
TALLAHASSEE, FL 32303

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

BK

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GEORGE, NICHOLAS MIKE III
STREET ADDRESS	P.O. BOX 15663
CITY-STATE-ZIP	TALLAHASSEE, FL 32317

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**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:

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

Date

Daytime Phone #