

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006588

1. Entity Name
MASLINE ENTERPRISES, L.L.C.



FILED

03 APR 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
450 HOLT AVE.
WINTER PARK, FL 32789

Mailing Address
450 HOLT AVE.
WINTER PARK, FL 32789

2. Principal Place of Business
450 Holt Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 471
Suite, Apt. #, etc.

City & State
Winter Park, Florida
Zip
32789
Country
USA

City & State
Winter Park, Florida
Zip
32790
Country
USA



4/18 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0577607
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MASLINE, ANDREA M
450 HOLT AVE.
WINTER PARK, FL 32789

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 Andrea M. Masline, President (Andrea Masline) April 4, 2003
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
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
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 606, Florida Statutes.

SIGNATURE: Andrea M. Masline Andrea M. Masline 4/4/03 407-619-3792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. One Daytime Phone #

CR0203 (10/02)