## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Sep 08, 2005 8:00 am Secretary of State DOCUMENT # L02000011881 09-08-2005 90012 018 \*\*\*\*50.00 1. Entity Name LINEBAUGH L.L.C. Principal Place of Business Mailing Address 2810 W ST ISABEL ST #201 TAMPA FL 33607 2810 W ST ISABEL ST #201 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address GO GEORGE FARLEY, P.C GEORGE FARLEY, P.C Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (5/05) 2nd MOORE 26 FAIRVIEW AVENUE 26 FAIRVIEW Applied For 4. FEI Number City & State 01-0709748 Not Applicable WESTWOOD JESTWOOD Zip Country Country \$5.00 Additional 5. Certificate of Status Desired U.S.A Fee Required <u>07675-2226</u> 07675 - 2226 Q.S.A6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAATCH KAPRIELIAN 40 FOWLER WHITE BOGGS BANKER GRECO, FRANK ESQ Street Address (P.O. Box Number is Not Acceptable) 4047 HENDERSON BLVD <u>501 E. KENNEDY BLYD</u> **TAMPA FL 33629** Suite 1700 Zip Code <u>33602</u> 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 HRATCH KAPRIELIAN, MEMBER Signature, typed or printed name of registered agent and title if applicab out fed Age 1 consture required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE MGRM TITLE Delete ☐ Change Addition Addition MGRM NAME MANISCALCO, ANTHONY KAPRIELIAN, HRATCH 40 GEORGE FARLEY, P.C., ILL FAIRVIEW AVENUE STREET ADDRESS 2810 W ST ISABEL ST #210 STREET ADDRESS CITY ST-ZIP **TAMPA FL 33607** CITY-ST-7IP WESTWOOD NJ 07675 - 2226 THLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Detete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILÉ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP TITLE Delete THILD Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

MEMBER

HAATCH KAPRIELIAN

limited liability company 🍂 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING

SIGNATURE:

FILED

(201)594-0800