

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042095

Entity Name: POWERLINE LOTS LLC

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

9720 STIRLING RD
SUITE 110
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

9720 STIRLING RD
SUITE 110
COOPER CITY, FL 33024 US

New Mailing Address:

FEI Number: 20-0353722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELSON, WALTER T
9720 STIRLING RD
SUITE 110
COOPER CITY, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMUELSON, WALTER T
Address: 12737 EQUESTRIAN TRAIL
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Delete
Name: SAMUELSON, LUANN M
Address: 12475 SW 58TH STREET
City-St-Zip: SW RANCHES, FL 33330 US

ADDITIONS/CHANGES:

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

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: WALTER T SAMUELSON

MGRM

01/13/2009

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