

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000043725

1. Entity Name
GRACELINE HOLDINGS, LLC



Principal Place of Business

**3880 34TH AVE. S.
SUITE D
SAINT PETERSBURG, FL 33711 US**

Mailing Address

**4905 34TH STREET SOUTH
#264
ST. PETERSBURG, FL 33711 US**



04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0383023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABDULLAH, DELLA H
C/O ROUSON BRUMLEY, P.A.
3110 1ST AVENUE NORTH, STE. 5W
SAINT PETERSBURG, FL 33713**

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ABDULLAH, TAALIB
2121 BARCELONA WAY SOUTH
ST. PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AHMAD, QASIM
3880 34TH AVENUE S., #E
SAINT PETERSBURG, FL 33711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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05/04/05-80040-022 55.00

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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:

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

Taalib Abdullah

4/29/05

727-867-1705

Date

Daytime Phone #