

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002848

1. Entity Name
CANLINESAMERICA, LLC



Principal Place of Business
**7518 COLONY LAKE DRIVE
BOYNTON BEACH, FL 33436**

Mailing Address
**7518 COLONY LAKE DRIVE
BOYNTON BEACH, FL 33436**



04232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0450506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COSTELLO, JOHN
7518 COLONY LAKE DRIVE
BOYNTON BEACH, FL 33436**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000927274
05/20/08-80100-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COSTELLO, JOHN
STREET ADDRESS	7518 COLONY LAKE DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	MGRM
NAME	ROBERTS, MALCOLM
STREET ADDRESS	21 RITHERUP LANE
CITY-ST-ZIP	RAINHILL, MERSEYSIDE, L354NZ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #