

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021929

Entity Name: HIGHLINE SOLUTIONS, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 381
PORT SALERNO, FL 34992

New Principal Place of Business:

1471 SE LEGACY COVE CIR
STUART, FL 34997

Current Mailing Address:

PO BOX 381
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 20-1770623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOFFI, P M JR
1471 SE LEGACY COVE CIR
STUART, FL 34997 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: MGR () Delete
Name: CIOFFI JR, P M
Address: 1471 SE LEGACY COVE CIR
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: CIOFFI, ELISA J
Address: 1471 SE LEGACY COVE CIR
City-St-Zip: STUART, FL 34997

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 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: PM CIOFFI JR

MGR

04/18/2007

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