

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021929

Entity Name: HIGHLINE SOLUTIONS, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

1471 SE LEGACY COVE CIR
STUART, FL 34997

New Principal Place of Business:

2375 SW DEEPWOOD PASS
PALM CITY, FL 34990

Current Mailing Address:

PO BOX 381
PORT SALERNO, FL 34992

New Mailing Address:

PO BOX 1104
PALM CITY, FL 34991

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:

CIOFFI, P M JR
2375 SW DEEPWOOD PASS
PALM CITY, FL 34990 US

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:

03/03/2009

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: MGR (X) Change () Addition
Name: CIOFFI JR, P M
Address: 2375 SW DEEPWOOD PASS
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change () Addition
Name: CIOFFI, ELISA J
Address: 2375 SW DEEPWOOD PASS
City-St-Zip: PALM CITY, FL 34990

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: PM CIOFFI JR

MGR

03/03/2009

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