



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90030 046 ****50.00

DOCUMENT # L04000048508 1. Entity Name FINISH LINE SUBS, LLC					
Principal Place of Business 34 KREAMER AVENUE TARPON SPRINGS, FL-34689.			Mailing Address 34 KREAMER AVENUE TARPON SPRINGS, FL-34689.		
2. Principal Place of Business 1810 Alt. 19 South Suite, Apt. #, etc. Suite I		3. Mailing Address 1810 Alt. 19 South Suite, Apt. #, etc. Suite I			
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL		4. FEI Number 20-1313203	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIS, MICHAEL E ESQ. 29 NORTH PINELLAS AVE. TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Irene Tirikos</i></u> DATE <u><i>4/23/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGERIA MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IRENE TIRIKOS 424 TREASURE DR. TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Irene Tirikos</i></u> IRENE TIRIKOS <u><i>4/23/05</i></u> <u><i>945-8580</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					