

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083848

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: POWER LINES WHOLESale LLC

## Current Principal Place of Business:

601 N CONGRESS AVE  
SUITE 502  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

## Current Mailing Address:

601 N CONGRESS AVE  
SUITE 502  
DELRAY BEACH, FL 33445

## New Mailing Address:

FEI Number: 51-0529191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWER LINES ENTERPRISES, INC.  
601 N CONGRESS AVE  
SUITE 502  
DELRAY BEACH, FL 33445 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: MGRM ( ) Delete  
Name: CUTHRED, INC.  
Address: 211 ROANOKE AVE.  
City-St-Zip: RIVERHEAD, NY 11901

Title: MGRM ( ) Delete  
Name: ONE ROUTE 340 CORPOR, ATION  
Address: 47 ALLEN BOULEVARD  
City-St-Zip: E FARMINGDALE, NY 11735

## 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 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: CUTHRED, INC

MGRM

03/26/2008

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