

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083848

FILED
Mar 04, 2009
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

Title: MGRM () Delete
Name: POWER LINES ENTERPRISES, INC.
Address: 601 N. CONGRESS AVE. STE 502
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: POWER LINES ENTERPRISES, INC.

MGRM

03/04/2009

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