

FILED
May 13, 2005 8:00 am
Secretary of State

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DOCUMENT # L0400008/648		Secretary of State 04-07-2005 90091 023 ****55.00	
1. Entity Name REDLINE SERVICES, LLC			
Principal Place of Business 4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE FL 32216		Mailing Address 4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE FL 32216	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		 1st MOORE CR2E083 (10/04)	
		4. FEI Number 20-1938201	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEN, VIOLET 4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature is required when registering) Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE Managing Member NAME Kerry Jepp Walter STREET ADDRESS 2159 Aztec Dr. W. CITY - ST - ZIP Jacksonville, FL 32246	☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE Managing Member NAME Robert Bosch STREET ADDRESS 5034 Cope Elizabeth Ct. W CITY - ST - ZIP Jacksonville, FL 32277	☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE Managing member NAME Violet Deen STREET ADDRESS 1752 Ormond Rd CITY - ST - ZIP Jacksonville, FL 32225	☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE managing member NAME Chris Turner STREET ADDRESS 12550 Fallohide Ln. CITY - ST - ZIP Jacksonville, FL 32225	☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE Managing member NAME John Ferguson STREET ADDRESS 160 Bardin Estates Cir CITY - ST - ZIP Palatka FL 32177	☐ Change ☐ Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Violet Deen		4/5/05 904.281.0009	