## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000084648

Entity Name: REDLINE SERVICES, LLC

160 BARDIN ESTATES CIR

PALATKA, FL 32177

Address: City-St-Zip: FILED Jul 14, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE, FL 32216		5711 BOWDEN RD. STE. 15 PMB 304 JACKSONVILLE, FL 32216	
Current Mailing Address:		New Mailing Address:	
4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE, FL 32216		5711 BOWDEN RD. STE. 15 PMB 304 JACKSONVILLE, FL 32216	
In accordan	: 20-1938201 FEI Number Applied For ( ) FEI ice with s. 607.193(2)(b), F.S., the limited liability company I Address of Current Registered Agent:	Number Not Applicable ( ) Certificate of Status Desired ( ) did not receive the prior notice.  Name and Address of New Registered Agent:	
DEEN, VIOLET 4237 SALISBURY ROAD, SUITE 307 JACKSONVILLE, FL 32216 US		DEEN, VIOLET 4929 ATLANTIC BLVD JACKSONVILLE, FL 32207 US	
	e named entity submits this statement for the purpore of Florida.	se of changing its registered office or registered agent, or botl	
SIGNATU	RE:	07/14/2006	
	Electronic Signature of Registered Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete JEPP WALTER, KERRY 2159 AZTEE DR W JACKSONVILLE, FL 32246	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	MGRM () Delete BURCH, ROBERT 5034 COPE ELIZABETH CT W JACKSONVILLE, FL 32277	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	MGRM () Delete DEEN, VIOLET 1752 ORMOND RD JACKSONVILLE, FL 32225	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	MGRM () Delete TURNER, CHRIS 12550 FALLOHIDE LN JACKSONVILLE, FL 32225	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name:	MGRM () Delete FURGUSON, JOHN	Title: ( ) Change ( ) Addition Name:	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: VIOLET DEEN MGRM 07/14/2006