

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000006501**

1. Entity Name  
**SHORELINE MARINE SUPPLY, LLC**



Principal Place of Business

**1101 1ST STREET SW  
RUSKIN, FL 33570**

Mailing Address

**P O BOX 954  
RUSKIN, FL 33575**



01232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**13-4292622**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, WILLIAM R  
6339 COTTONWOOD LANE  
APOLLO BEACH, FL 33572**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000605894  
01/30/07-80047-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILLIAMS, WILLIAM R
STREET ADDRESS	6339 COTTONWOOD LANE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	MGRM
NAME	WILLIAMS, LINDA C
STREET ADDRESS	6339 COTTONWOOD LANE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Linda C. Williams* **LINDA C. WILLIAMS**

**01-27-07**

**813-645-3625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #