

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90109 028 ****50.00

DOCUMENT # L05000065567

1. Entity Name
MAINLINE MANAGEMENT SERVICES, LLC



60049573

Principal Place of Business
**1700 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317**

Mailing Address
**1700 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317**

2. Principal Place of Business - No P.O. Box #
**1400 VILLAGE SQ. BLVD #3-339
TALLAHASSEE, FL 32312-1250**

3. Mailing Address
**1400 VILLAGE SQ. BLVD #3-339
TALLAHASSEE, FL 32312-1250**



04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3084938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, FRED
101 EAST COLLEGE AVE.
TALLAHASSEE, FL 32301**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KEARNEY, RICHARD S**
STREET ADDRESS **1400 VILLAGE SQUARE BLVD. #3-339**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

4/24/2007

Date

850-219-5221

Daytime Phone #