

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90020 032 ****50.00

DOCUMENT # L05000071766

1. Entity Name
POWERLINE GROUP, LLC



Principal Place of Business
**6638 NEWPORT LAKE CIR.
BOCA RATON, FL 33496**

Mailing Address
**6638 NEWPORT LAKE CIR.
BOCA RATON, FL 33496**



2. Principal Place of Business

3169 SW RIVERS END WAY

Suite, Apt. #, etc.

3. Mailing Address

3169 SW RIVERS END WAY

Suite, Apt. #, etc.

04042006 Chg-LLC CR2E083 (11/05)

City & State

PAIM City, FL

Zip

34990

Country

Martin

City & State

PAIM City, FL

Zip

34990

Country

Martin

4. FEI Number

51-054893-9

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STAUFFER, LARRY
6638 NEWPORT LAKE CIR.
BOCA RATON, FL 33496**

Name

LAR

LARRY STAUFFER

Street Address (P.O. Box Number is Not Acceptable)

3169 S.W. RIVERS END WAY

PALM CITY, FL. 34990

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

4/19/06

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BUNTER LIMITED PARTNERSHIP
6638 NEWPORT LAKE CIR.
BOCA RATON, FL 33496** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BUNTER LP
3169 SW RIVERS END WAY
PALM CITY, FL. 34990** ☒ Change ☐ Addition

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

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

TITLE
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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 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

Date

Daytime Phone #

4/19/06

772-219-1005