

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091161

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** CITY LINE, LLC

**Current Principal Place of Business:**

3936 W. NEWBERRY RD  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1045  
GAINESVILLE, FL 32602 US

**New Mailing Address:**

**FEI Number:** 20-3485233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALMOND, GARY R  
5922 S.W. 35TH WAY  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALMOND LLC  
Address: P.O. BOX 1045  
City-St-Zip: GAINESVILLE, FL 326021045

I hereby 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.

SIGNATURE: GARY ALMOND

MGR

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date