

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091161

Entity Name: CITY LINE, LLC

FILED  
Mar 15, 2011  
Secretary of State

**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: MGRM  
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 R ALMOND

PRES

03/15/2011

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