

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093215

Entity Name: TREELINE, LLC

FILED  
Feb 15, 2010  
Secretary of State

**Current Principal Place of Business:**

875 S.E. 47TH TERRACE  
SUITE #2  
CAPE CORAL, FL 33904

**Current Mailing Address:**

875 S.E. 47TH TERRACE  
SUITE #2  
CAPE CORAL, FL 33904

FEI Number: 20-3506251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

875 S.E. 47TH TERRACE  
SUITE #2  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

875 S.E. 47TH TERRACE  
SUITE #2  
CAPE CORAL, FL 33904 US

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

HANNAH, JOANNE M  
875 SE 47TH TERR  
SUITE #2  
CAPE CORAL, FL 33904 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: HANNAH, JOANNE  
Address: 875 S.E. 47TH TERRACE, SUITE 2  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM  
Name: HANNAH, DOUGLAS J  
Address: 3757 SE 6TH AVE  
City-St-Zip: CAPE CORAL, FL 33904 US

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: JOANNE M HANNAH

MGR

02/15/2010

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