

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90029 003 \*\*\*138.75

<b>DOCUMENT # L06000023021</b> 1. Entity Name <b>RED LINE AUTO ACCESSORIES, LLC</b>					
Principal Place of Business <b>148 LAKE ARBOR DRIVE LAKE WORTH, FL 33461</b>			Mailing Address <b>148 LAKE ARBOR DRIVE LAKE WORTH, FL 33461</b>		
2. Principal Place of Business - No P.O. Box # <b>708 EXECUTIVE CENTER DR</b>		3. Mailing Address <b>708 EXECUTIVE CENTER DR.</b>			
Suite, Apt. #, etc. <b>13</b>		Suite, Apt. #, etc. <b>13</b>			
City & State <b>WEST PALM BEACH FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>20-4510725</b>	
Zip <b>33401</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHAMOUN, DANIAL 148 LAKE ARBOR DRIVE LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>708 EXECUTIVE CENTER DR.</b> <b>#13</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33401</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>CHAMOUN, DANIAL</b> <b>148 LAKE ARBOR DRIVE</b> <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>		<b>4/26/08</b>		<b>561 860 4255</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

60037444



04162008 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33401

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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STREET ADDRESS  
CITY-ST-ZIP

MGRM  
CHAMOUN, DANIAL  
148 LAKE ARBOR DRIVE  
LAKE WORTH, FL 33461

☐ Delete

TITLE  
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CITY-ST-ZIP

☒ Change ☐ Addition  
708 EXECUTIVE CENTER DR. #13  
WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

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

Date

Daytime Phone #