

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027354

Entity Name: A. RINE, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

3750 W. LAKE HAMILTON DRIVE
WINTER HAVEN, FL 33881

New Principal Place of Business:

3750 WEST LAKE HAMILTON DRIVE
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 1877
DUNDEE, FL 338387

New Mailing Address:

PO BOX 1877
DUNDEE, FL 338387

FEI Number: 20-4677726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMMONS, ROBERT O
1556 SIXTH STREET SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

CAHOON, LAURENCE M
3750 WEST LAKE HAMILTON DRIVE
WINTER HAVEN, FL 33881 US

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: LAURENCE M. CAHOON

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARNES, GARY W
Address: 3750 W. LAKE HAMILTON DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARNES, GARY W
Address: 3750 WEST LAKE HAMILTON DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR () Change (X) Addition
Name: CAHOON, LAURENCE M
Address: 3750 WEST LAKE HAMILTON DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURENCE M. CAHOON

MGR

04/27/2007

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