

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90213 001 ****50.00

60021600



DOCUMENT # L06000102716 1. Entity Name ACLINE ROAD FLORIDA, LLC					
Principal Place of Business C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907			Mailing Address C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907		
2. Principal Place of Business: No P.O. Box # 14220 Royal Harbour Ct		3. Mailing Address 14220 Royal Harbour Ct			
Suite, Apt. #, etc. S10		Suite, Apt. #, etc. S10			
City & State Fort Myers Florida		City & State Fort Myers, Florida		4. FEI Number 83-0473404	
Zip 33908		Country US		Zip 33908	
Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DORAGH, PETE C/O THE DORAGH LAW FIRM, PL 7800 UNIVERSITY POINTE DRIVE, SUITE 100 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7011 Cypress Terrace, Ste 103 City Fort Myers		
State FL			Zip Code 33907		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME DORAGH, PETE		TITLE Owner/Manager	NAME Frank D'Alessandro	
STREET ADDRESS 7800 UNIVERSITY POINTE DRIVE, SUITE 100			STREET ADDRESS 14220 Royal Harbour Ct #610		
CITY-ST-ZIP FORT MYERS, FL 33907			CITY-ST-ZIP Fort Myers, FL 33908		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
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.					
Frank D'Alessandro, Manager					
SIGNATURE: [Signature]			2-28-07 239-425-8469		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					