

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022668

1. Entity Name  
BORDERLINE RECORDS, LLC.



FILED  
08 APR 22 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
152 SWEET STREET  
HAVANA, FL 32333

Mailing Address  
152 SWEET STREET  
HAVANA, FL 32333



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

MARTIN, KADOBE  
152 SWEET STREET  
HAVANA, FL 32333

Name

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

City

FL

Zip Code

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

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

TITLE MGR ☐ Delete  
NAME MARTIN, KADOBE  
STREET ADDRESS 152 SWEET STREET  
CITY - ST - ZIP HAVANA, FL 32333

☐ Change ☐ Addition  
200125089982  
04/22/08--01027--017 \*\*138.75

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

*Kadobe L. Martin*

04/22/08

850-727-1327

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

Date

Daytime Phone #