## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

CITY-ST-ZIP

## Mar 13, 2008 8:00 am Secretary of State DOCUMENT # L07000085906 03-13-2008 90270 039 \*\*\*138.75 CHRISTINE L. KLINE, LLC Principal Place of Business Mailing Address 60014512 3701 EMBASSY CIRCLE 3701 EMBASSY CIRCLE PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-0809057 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLINE, CHRISTINE L Street Address (P.O. Box Number is Not Acceptable) 3701 EMBASSY CIRCLE PALM HARBOR, FL 34685 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 Agen; 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KLINE, CHRISTINE L NAME STREET ADDRESS 3701 EMBASSY CIRCLE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34685 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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: Christine Klune Christine K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REF

**FILED** 

Daytime Phone #