

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102856

Entity Name: COMBILINE FLORIDA, LLC

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

5325 LARK LANE #A  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4228 HEAD SAIL DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 26-1630591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROUSS, DICK  
4228 HEAD SAIL DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROUSS, DICK  
Address: 4228 HEAD SAIL DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Delete  
Name: SMEELE, PIM  
Address: CALLE ORO 25 29600 MARBELLA  
City-St-Zip: POL. IND LA ERMITA, OC

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DICK ROUSS

MGR

04/22/2008

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