## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000046187

Address:

37 NEW HAVEN STREET

City-St-Zip: HARRISON, NY 10528

Entity Name: PROLINE WORLDWIDE SERVICES LLC

FILED Apr 01, 2009 Secretary of State

| Current Principal Place of Business:          |   |                                  | New Principal Place of Business:            |   |
|---|---|----------------------------------|---|---|
| 6579 MILA<br>LAKE WO                          | MIST<br>RTH, FL 3346                                    | 7                                |   |   |
| Current Mailing Address:                      |   |                                  | New Mailing Address:                        |   |
| 6579 MILA<br>LAKE WO                          | MIST<br>RTH, FL 3346                                    | 7                                |   |   |
| FEI Number:                                   | : 26-4526630  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)       |
| Name and Address of Current Registered Agent: |   |                                  | Name and Address of New Registered Agent:   |   |
| 6579 MILA                                     | FEIN, HERBEF<br>MI ST<br>RTH, FL 3346                   |                                  |   |   |
|   | named entity :<br>e of Florida.                         | submits this statement for the p | ourpose of changing its register            | ed office or registered agent, or both, |
| SIGNATU                                       | RE:   |                                  |   |   |
|   | Electror  | ic Signature of Registered Age   | ent   | Date                                    |
| MANAGING MEMBERS/MANAGERS:                    |   |                                  | ADDITIONS/CHANGES:                          |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM ( )<br>GRUENSTEIN,<br>6579 MILAMI S<br>LAKE WORTH, | т                                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                 |
| Title:<br>Name:                               | MGRM ( )  | Delete                           | Title:<br>Name                              | ( ) Change ( ) Addition                 |

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: JOSEPH DILEONARDO MGM 04/01/2009