

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080245

Entity Name: PROVINCE LINE, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

3111 CARDINAL DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

221 SEABREEZE COURT
VERO BEACH, FL 329639508 US

Current Mailing Address:

3111 CARDINAL DRIVE
VERO BEACH, FL 32963

New Mailing Address:

221 SEABREEZE COURT
VERO BEACH, FL 329639508 US

FEI Number: 20-0116108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANDLER, RICHARD B
3111 CARDINAL DRIVE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

LEE, PETER M
221 SEABREEZE COURT
VERO BEACH, FL 329639508 US

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: PETER M. LEE

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEE, PETER M
Address: 221 SEABREEZE COURT
City-St-Zip: VERO BEACH, FL 32963

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEE, PETER M
Address: 221 SEABREEZE COURT
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM () Change (X) Addition
Name: LEE, MAUREEN R
Address: 221 SEABREEZE COURT
City-St-Zip: VERO BEACH, FL 32963 US

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: PETER M. LEE

MGRM

03/17/2009

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