

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000464

Entity Name: R-LINES, L.C.

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

201 ANSIN BLVD.  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

201 ANSIN BLVD.  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-0593319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEVINE, NORMAN  
901 N.E. 125TH ST. #107  
NORTH MIAMI, FL 33161 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: MGRM  
Name: WOOD FAMILY PARTNERSHIP, LTD.  
Address: 201 ANSIN BLVD.  
City-St-Zip: HALLANDALE, FL 33009

I hereby 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: WOOD FAMILY PARTNERSHIP

MGR

02/10/2012

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