OCT. 24. 200 8:

NO. 453 P. 2/2

2001 UNIF[illegible] REPORT (PURSUANT TO CHAPTER 608, FLORIDA STATUTES)

Return Statement

DOCUMENT # L96-641

1. Entity Name

BROADLINE PAINTING L.L.C.

FILED

01 OCT 26 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7308 N.W. 42 CT CORAL SPRINGS, FL. 33065	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6210 N.W. 42 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: FL.
Zip: 33067 Country: U.S.A.	Zip: Country:

4. FEI Number: 65-0673478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: MICHELLE PINTO Street Address (P.O. Box Number is Not Acceptable): 6210 N.W 42 CT City: CORAL SPRINGS FL Zip Code: 33067

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.

SIGNATURE: Michelle Pinto
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER. GANESH CASSIE 3691 N.W. 78 LN. CORAL SPRINGS, FL. 33065	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER RAMPERSHAD GANGERPERSHAD 2084 N.E. 6TH LN. Wilton MANORS, FL. 33334	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004658069---3 -10/30/01--01002--009 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900004658069---3 -10/30/01--01002--008 ****150.00 ****5.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(954) 868-3244

SIGNATURE: Gregg Pinto / GREGORY PINTO 10-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #