

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90217 011 ****50.00

DOCUMENT # L96000000641	
1. Entity Name BROADLINE PAINTING LIMITED COMPANY	

Principal Place of Business 6210 NW 42 CT. CORAL SPRINGS, FL 33067	Mailing Address 1854 NW 54TH AVE MARGATE, FL 33063
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2. Principal Place of Business 1854 NW 54th Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Margate	City & State
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Zip FL	Country 33063	Zip	Country
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03252004 Chg-LLC CR2E083 (10/03)

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

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MOHAMMED, SHAMEER	
6210 N.W. 42 CT. CORAL SPRINGS, FL 33067	

7. Name and Address of New Registered Agent	
Name GREGORY PINTO	
Street Address (P.O. Box Number is Not Acceptable) 6210 NW 42nd ct	
City Coral Springs	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANGERPERSAD, RAMPERSAD 2084 N.E. 6TH LANE WILTON MANORS, FL 33334 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINTO, GREGROY 6210 NW 42 CT CORAL SPRINGS, FL 33067 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GANGERPERSAD, RAMPERSAD ☒ Change ☐ Addition 6641 NW 30th st Sunrise, FL 33313-1129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOHAMMED, SHAMEER ☐ Change ☒ Addition 4261 NW 24th st Lauderhill, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.

Gregory Pinto