

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 023 ****50.00

DOCUMENT # M02000002625

1. Entity Name
MAINLINE SUPPLY OF FLORIDA, LLC



Principal Place of Business
**754 MONROE ROAD
LAKE MONROE, FL 32747**

Mailing Address
**11900 SAM ROPER DRIVE
CHARLOTTE, NC 28269**

20061278



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0641547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FENNEL, ARNE L
754 MONROE RD.
LAKE MONROE, FL 32747**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HENDERSON, ROBERT J
STREET ADDRESS 481 SUGAR CREEK RD.
CITY-ST-ZIP WEAVERVILLE, NC 28788

TITLE MGR ☒ Delete
NAME HENDERSON, JEFFREY C
STREET ADDRESS 12 SWANEE LANE
CITY-ST-ZIP THOMASVILLE, NC 27360

TITLE MGR ☒ Delete
NAME CHASTAIN, JOHN H SR
STREET ADDRESS 88 BUCK RIDGE ROAD
CITY-ST-ZIP FAIRVIEW, NC 28730

TITLE MGR ☐ Delete
NAME TYSINGER, TIMOTHY E
STREET ADDRESS 6020 GLEN MANOR DRIVE
CITY-ST-ZIP CHARLOTTE, NC 28269

TITLE MGR ☒ Delete
NAME TYSINGER, VICTORIA B
STREET ADDRESS 6020 GLEN MANOR DRIVE
CITY-ST-ZIP CHARLOTTE, NC 28269

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **29 FOREST KNOLL DRIVE**
CITY-ST-ZIP **WEAVERVILLE, NC 28787**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Arne L. Fennel

ARNE L. FENNEL

6/30/05

704-947-6878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #