

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90039 005 \*\*\*\*50.00

**DOCUMENT # M02000002625**

1. Entity Name  
**MAINLINE SUPPLY OF ORLANDO, LLC**



Principal Place of Business

**6020 GLEN MANOR DRIVE  
CHARLOTTE NC 28269**

Mailing Address

**6020 GLEN MANOR DRIVE  
CHARLOTTE NC 28269**

2. Principal Place of Business

**754 Monroe Road**

3. Mailing Address

**11900 SAM ROPER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Monroe, FL**

City & State

**CHARLOTTE, NC**

Zip

**32747**

Country

**USA**

Zip

**28269**

Country

**USA**

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

7. Name and Address of New Registered Agent

**VELZ, GREGORY A  
754 MONROE RD.  
LAKE MONROE FL 32747**

Name

**ARNE L. FENNEL**

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

**(SAME)**

City

**CHARLOTTE**

Zip Code

**28269**

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

*Arne L. Fennel*

**ARNE L. FENNEL**

**8-8-03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **SMITH, KENNETH H**  
STREET ADDRESS **1045 POST WAY**  
CITY-ST-ZIP **JONESBORO GA 30238**

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

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

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

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

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

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

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

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

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

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

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: *VICTORIA TYSINGER* **8-8-2003 704-947-6878**

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

Date

Daytime Phone #

CR2E083 (4/03)