

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091161

Entity Name: CITY LINE, LLC

Current Principal Place of Business:

3936 W. NEWBERRY RD
GAINESVILLE, FL 32607

Current Mailing Address:

504 SE WILLISTON RD
GAINESVILLE, FL 32641 US

FEI Number: 20-3485233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMOND, GARY R
5922 S.W. 35TH WAY
GAINESVILLE, FL 32608 US

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

Authorized Person(s) Detail :

Title MEMBER MANAGER
Name ALMOND, LLC
Address 504 SE WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY ALMOND

MEMBER

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date