

**2023 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:** CHRIS ALMOND

MANAGER

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date