

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069951

Entity Name: AMERICA NO LINE, LLC

Current Principal Place of Business:

1545 WYN COVE RD
VERO BEACH, FL 32963

Current Mailing Address:

PO BOX 643896
VERO BEACH, FL 32964

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPALDI, PAUL A
1545 WYN COVE RD
VERO BEACH, FL 32963 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 | MGR | Title | PRES |
| Name | TRIPALDI, PAUL A | Name | TRIPALDI, TINA B |
| Address | PO BOX 643896 | Address | PO BOX 643896 |
| City-State-Zip: | VERO BEACH FL 32964 | City-State-Zip: | VERO BEACH FL 32964 |

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: PAUL TRIPALDI

MNGR

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date