

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL TRIPALDI

**MNGR**

**04/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date