

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017092

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**9569421264CC**

**Entity Name:** CLINE'S INSTALLATIONS LLC

**Current Principal Place of Business:**

116 TEN OAK PLACE  
VALRICO, FL 33594

**Current Mailing Address:**

116 TEN OAK PLACE  
VALRICO, FL 33594 US

**FEI Number:** 46-1989747

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLINE, GEORGE  
116 TEN OAK PLACE  
VALRICO, FL 33594 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	MGRM	Title	MGRM
Name	CLINE, GEORGE	Name	CLINE, JACQUIE
Address	116 TEN OAK PLACE	Address	116 TEN OAK PLACE
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	VALRICO FL 33594

Title MGRM  
 Name CLINE, STEVEN  
 Address 55 TUDOR ST  
 City-State-Zip: PORT CHARLOTTE FL 33954

*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:** JACQUIE CLINE

**MGRM**

**02/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date