### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000208156

Entity Name: FARELINE, LLC

Mar 24, 2019 **Secretary of State** 1939052437CC

**FILED** 

# **Current Principal Place of Business:**

9089 E. BAHIA DRIVE SUITE 100

SCOTTSDALE, AZ 85260

## **Current Mailing Address:**

9089 E BAHIA DR. STE 100 SUITE 100 SCOTTSDALE, AZ 85260 US

FEI Number: 46-2963497 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SKYMED INTERNATIONAL (FLORIDA), INC 5137 LAKELAND DR SUITE 4 LAKELAND, FL 33813 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: JOHN LATIMER 03/24/2019

> Electronic Signature of Registered Agent Date

### Authorized Person(s) Detail:

Title MGR

LATIMER, JOHN Name

9089 E. BAHIA DRIVE Address

SUITE 100

City-State-Zip: SCOTTSDALE AZ 85260

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.

03/24/2019 SIGNATURE: JOHN LATIMER **MANAGER**