

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023397

Entity Name: LANDLINK GROUP, LLC

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

12216 N 56TH ST.  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

12216 N 56TH ST.  
TAMPA, FL 33617 US

**New Mailing Address:**

FEI Number: 20-4425723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIOVINCO, IAN S  
16017 N FLORIDA AVE  
SUITE 125  
LUTZ, FL 33549 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AZIZ, STEFFEN  
Address: 3817 LAKE JOYCE DRIVE  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: MGRM ( ) Delete  
Name: SOTOMAYOR, NATALIE J  
Address: 28727 DARBY ROAD  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM ( ) Delete  
Name: STROMSNES, TIMOTHY B  
Address: 2313 TOWERLY TRAIL  
City-St-Zip: LUTZ, FL 33549 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: STEFFEN AZIZ

MGRM

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date