

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008787

FILED
Apr 14, 2009
Secretary of State

Entity Name: SECURELINK COMMUNICATIONS, LLC

Current Principal Place of Business:

1523 CHAFFEE RD. S. 12
SUITE 121
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

4050 DELLWOOD AVE.
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 83-0478203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AENIS, STEPHEN
6047 ST. AUGUSTINE RD
SUITE 153
JACKSONVILLE, FL 32217 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: TOMLIN, RACHEL
Address: 710 OTIS ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM () Delete
Name: AENIS, STEPHEN
Address: 4050 DELLWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM () Delete
Name: AENIS, K JAMES
Address: 9841 CRESSWELL LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AENIS, AMANDA E
Address: 4050 DELLWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205

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: STEPHEN AENIS

MGRM

04/14/2009

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