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Jun 09, 2008 8:00 am
Secretary of State
05-06-2008 90007 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000094132

1. Entity Name
CASTLINK TECHNOLOGIES, LLC

30009022

04302008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
4745 SUTTON PARK COURT SUITE 602 JACKSONVILLE, FL 32224	4745 SUTTON PARK COURT SUITE 602 JACKSONVILLE, FL 32224
2. Principal Place of Business - No P.O. Box #: 566 Bowie Blvd Suite, Apt. #, etc.	3. Mailing Address: Same as # 2 Suite, Apt. #, etc.
City & State: Orange Park FL	City & State
Zip: 32073 Country: USA	Zip Country

4. FEI Number: 26-2694821 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMATHERS, BRUCE A 4745 SUTTON PARK COURT SUITE 602 JACKSONVILLE, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable): 4051 Timuquana Rd City: Jacksonville FL Zip Code: 32210

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] BRUCE A. SMATHERS 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALLAN, L JOE 4745 SUTTON PARK COURT, SUITE 602 JACKSONVILLE, FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 566 Bowie Blvd Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] MGMR 4-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

L. Joe Scallan