## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L98000002359 1. Entity Name 04-26-2004 90061 020 \*\*\*\*50.00 METAL LINK INTERNATIONAL, L.C. Principal Place of Business Mailing Address 13500 SUTTON PARK DR. S., SUITE 702 JACKSONVILLE FL 32224 13500 SUTTON PARK DR. S., SUITE 702 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FE! Number 59-3536262 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILCOX, RALEIGH M PA 13500 SUTTON PARK DR. S., SUITE 702 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE C Oelete TITLE Change ☐ Addition MCREE, THOMAS E NAME NAME STREET ADDRESS 13500 SUTTON PARK DR. S., SUITE 702 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEMMER, RICHARD S NAME NAME STREET ADDRESS 13500 SUTTON PARK DR. S., SUITE 702 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED