

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000009118

**Entity Name:** CLEARLINK COMMUNICATION, L.L.C.**Current Principal Place of Business:**3619 KIESSEL ROAD  
THE VILLAGES, FL 32163**Current Mailing Address:**3619 KIESSEL ROAD  
THE VILLAGES, FL 32163 US**FEI Number:** 59-3664384**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUDSON, BRIAN D ESQ  
3617 KIESSEL ROAD  
THE VILLAGES, FL 32163 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name THE VILLAGES OF LAKE-SUMTER,  
INC.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP, SECRETARY  
Name MANLY, KELSEA MORSE  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name CHANDLER, ROBERT L. IV  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name MCCABE, RYAN  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title PRESIDENT  
Name MORSE, MARK G.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title TREASURER  
Name STOFF, KENNETH D.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title VP  
Name BLAISE, BRYN  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

*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.*

**SIGNATURE: ROBERT L. CHANDLER IV****VICE PRESIDENT****07/03/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date