

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90020 006 ***138.75

DOCUMENT # L02000010030

1. Entity Name
CARDIO LINKS, LLC



Principal Place of Business
**1080 4TH CT. SW
VERO BEACH, FL. 32962 US**

Mailing Address
**1080 4TH CT. SW
VERO BEACH, FL. 32962 US**

00005145



DO NOT WRITE IN THIS SPACE

04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
51-0442147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARR, DAVID J
1080 4TH CT. SW
VERO BEACH, FL. 32962**

**DO NOT WRITE
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARR, DAVID
STREET ADDRESS	1080 4TH CT. SW
CITY-STATE-ZIP	VERO BEACH, FL. 32962
TITLE	MGR
NAME	MARR, D. JOSHUA
STREET ADDRESS	1080 4TH CT. SW
CITY-STATE-ZIP	VERO BEACH, FL. 32962
TITLE	<i>MGR</i>
NAME	<i>DEREMY MARR</i>
STREET ADDRESS	<i>1080 4TH CT SW</i>
CITY-STATE-ZIP	<i>VERO BEACH, FL 32962</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/08

Date

8377109074

Daytime Phone #