

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-13-2003 90570 023 ****50.00

DOCUMENT # L02000010030

1. Entity Name
CARDIO LINKS, LLC



Principal Place of Business
**437 10TH. CT.
VERO BEACH FL 32962
US**

Mailing Address
**437 10TH. CT.
VERO BEACH FL 32962
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 650524

VERO BEACH, FL

32965

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

**MARR, DAVID J
437 10TH. CT
VERO BEACH FL 32962**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **DAVID J. MARR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

1/9/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **DAVID MARR**
STREET ADDRESS **437 10TH CT**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Delete
NAME **D. JOSHUA MARR**
STREET ADDRESS **437 10TH CT**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby 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.

SIGNATURE:

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

Date

Daytime Phone #

DAVID J. MARR

1/9/03

772-559-0011

CR2E083 (10/02)



HOLTSVILLE NY 11742-0038

Attachment

In reply refer to: 0134155888
Feb. 04, 2003 LTR 147C
51-0442147 000000 00 000
01274

*# 88009024
LD 2000010030*

CARDIO LINKS LLC
MARR DAVID J MEMBER
PO BOX 650524
VERO BEACH FL 32965

Employer Identification Number: 51-0442147

Dear Taxpayer:

Thank you for the inquiry dated Jan. 23, 2003.

In order to be eligible for filing Form 1120 for your LLC you must complete the enclosed Form 8832 and send it to the Philadelphia Service Center address indicated on the Form 8832.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number (772) 559-0011 Hours Any

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Iris Drucker
Dept. Manager EIN 2

Enclosure(s):
Copy of this letter
Form 8832