

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90031 032 ***150.00

DOCUMENT # L02000032439

1. Entity Name
LIFELINKS CONSULTING, LLC



Principal Place of Business
**2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411**

Mailing Address
**2152 BELLCREST CIRCLE
ROYAL PALM BEACH, FL 33411**

20038519



03282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1862413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PASTRAN, DEBORAH K ESQ
333 N.E. 8 STREET
HOMESTEAD, FL 33030**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | HASTINGS, MARCIA |
| STREET ADDRESS | 2152 BELLCREST CIRCLE |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 |
| TITLE | Secretary Addition |
| NAME | Hugh W Hastings. |
| STREET ADDRESS | 2152 Belcrest circle |
| CITY-ST-ZIP | Royal Palm Beach, FL 33411 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: mHastings Marcia T Hastings

4/14/05 (305)479-6034

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

Date

Daytime Phone #