

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90134 015 ****50.00

DOCUMENT # L03000053308



1. Entity Name
CITY CHOICE LINK LLC

Principal Place of Business
**1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326 US**

Mailing Address
**1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

582680995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEFER, FREDERICK
1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07/12/04

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HEFER, FREDERICK
1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CAMERON, TOM
1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MAROTTA, ILLENE J
1930-6 N. COMMERCE PARKWAY
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

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 #

07/02/04 954 349
-0653