

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024720

FILED
Apr 08, 2009
Secretary of State

Entity Name: UNIT 110 - THE LINKS, LLC

Current Principal Place of Business:

1351 13TH AVE. SOUTH
SUITE 110
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1351 13TH AVE. SOUTH
SUITE 110
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-0443643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, ROBERT J
400 N WYMORE RD, STE 110
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAMEN, DOCTORWILLIAM J II
Address: 1351 13TH AVE. SOUTH, SUITE 110
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM () Delete
Name: CAPASSO, DOCTOR ANTHONY
Address: 1351 13TH AVE. SOUTH, SUITE 110
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANTHONY L CAPASSO MGR 04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date