

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90037 017 ****50.00

DOCUMENT # L05000086544

1. Entity Name
HRL LINK, LLC



Principal Place of Business
9625 KEARNEY WAY
RIVERVIEW, FL 33569

Mailing Address
9625 KEARNEY WAY
RIVERVIEW, FL 33569

00042001



2. Principal Place of Business - No P.O. Box #
5115 JOANNE KEARNEY BLVD.

3. Mailing Address
P.O. BOX 5299

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number
20-3395627

Applied For
Not Applicable

Zip 33619 Country USA

Zip 33675-5299 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TRACY J JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name
JAMES M. REED
Street Address (P.O. Box Number is Not Acceptable)
5115 JOANNE KEARNEY BLVD.
City TAMPA FL Zip Code 33619

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]

3/27/07

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HARRIS, TRACY J JR.
STREET ADDRESS 9625 WES KEARNEY WAY
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE MGRM ☐ Delete
NAME KEARNEY, BING CHARLES W JR
STREET ADDRESS 9625 WES KEARNEY WAY
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5115 JOANNE KEARNEY BLVD.
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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]

3/27/07 813 435-3107

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

Date

Daytime Phone #