

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120658

FILED
Feb 27, 2009
Secretary of State

Entity Name: LINK INVESTMENT GROUP, LLC

Current Principal Place of Business:

412 BALLY WAY
NICEVILLE, FL 32578

New Principal Place of Business:

10065 W EMERALD COAST PKWY
101 A
MIRAMAR BEACH, FL 32550

Current Mailing Address:

412 BALLY WAY
NICEVILLE, FL 32578

New Mailing Address:

10065 W EMERALD COAST PKWY
101 A
MIRAMAR BEACH, FL 32550

FEI Number: 20-4404527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIANG, QUANG V
412 BALLY WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

LENKA, KETTLE
10065 W EMERALD COAST PKWY
101 A
MIRAMAR BEACH, FL 32550 US

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: LENKA KETTLE

02/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: GIANG, QUANG V
Address: 412 BALLY WAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: KETTLE, LENKA
Address: 180 LEEWAID DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KETTLE, LENKA
Address: 10065 W EMERALD COAST PKWY #101A
City-St-Zip: MIRAMAR BEACH, FL 32550

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: LENKA KETTLE

MGRM

02/27/2009

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