# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003510

**FILED
Jan 30, 2008
Secretary of State**

**Entity Name:** GOLDEN LINQ LLC

**Current Principal Place of Business:**

3511D MARTIN LUTHER KING BLVD
FT MYERS, FL  33916

**New Principal Place of Business:**

**Current Mailing Address:**

3511D MARTIN LUTHER KING BLVD
FT MYERS, FL  33916

**New Mailing Address:**

FEI Number: 20-3325468        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBAID, ARIF
3511D MARTIN LUTHER KING BLVD
FT MYERS, FL  33916    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:   OBAID, SALEH
Address: 3511D MARTIN LUTHER KING BLVD
City-St-Zip: FT MYERS, FL  33916

Title:     MGRM    ( ) Delete
Name:   OBAID, FAIHA
Address: 3511D MARTIN LUTHER KING BLVD
City-St-Zip: FT MYERS, FL  33916

Title:     MGRM    (X) Delete
Name:   OBAID, ARIF
Address: 3511D MARTIN LUTHER KING BLVD
City-St-Zip: FT MYERS, FL  33916

**ADDITIONS/CHANGES:**

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

Title:     MGRM    (X) Change ( ) Addition
Name:   OBAID, ARIF
Address: 3511D MARTIN LUTHER KING BLVD
City-St-Zip: FT MYERS, FL  33916

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:  ARIF OBAID                          MGRM           01/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date