

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005719

FILED
Apr 30, 2007
Secretary of State

Entity Name: CARE OPTIONS LINK LLC

Current Principal Place of Business:

16347 IVY LAKE DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16347 IVY LAKE DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 76-0813556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGBAGLUD, TEODULO
16347 IVY LAKE DR
ODESSA, FL 33556 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: MGR () Delete
Name: AGBAGLUD, TEODULO
Address: 16347 IVY LAKE DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

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: TEODULO AGBAGLUD

MGR

04/30/2007

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