

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000023397

1. Entity Name
LANDLINK GROUP, LLC



Principal Place of Business

220 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US

Mailing Address

220 CRYSTAL GROVE BLVD
LUTZ, FL 33548 US



03102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4425723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIOVINCO, IAN S
16017 N FLORIDA AVE
SUITE 125
LUTZ, FL 33549

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000911981
05/07/08-80062-005 288.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME AZIZ, STEFFEN
STREET ADDRESS 3817 LAKE JOYCE DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE MGRM
NAME SOTOMAYOR, NATALIE J
STREET ADDRESS 28727 DARBY ROAD
CITY-ST-ZIP DADE CITY, FL 33525

TITLE MGRM
NAME STROMSNES, TIMOTHY B
STREET ADDRESS 2313 TOWERY TRAIL
CITY-ST-ZIP LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

3/10/08

Date

(813) 949-0366

Daytime Phone #