

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042919

FILED
Jan 08, 2008
Secretary of State

Entity Name: PALS LINK LLC

Current Principal Place of Business:

300 SOUTH HYDE PARK AVENUE, SUITE 180
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

300 SOUTH HYDE PARK AVENUE, SUITE 180
TAMPA, FL 33606

New Mailing Address:

FEI Number: 87-0778091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSMORE, BOBBIE M MGR
300 SOUTH HYDE PARK AVENUE, SUITE 180
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MESSMORE, BOBBIE M MGRM
300 SOUTH HYDE PARK AVENUE, SUITE 180
TAMPA, FL 33606 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: BOBBIE MESSMORE

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MESSMORE, BOBBIE M MGR
Address: 300 SOUTH HYDE PARK AVENUE, SUITE 180
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: MESSMORE, THOMAS A MGRM
Address: 300 SOUTH HYDE PARK AVENUE, SUITE 180
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: MALIA, JASON D MGRM
Address: 300 SOUTH HYDE PARK AVENUE, SUITE 180
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MESSMORE, BOBBIE M MGRM
Address: 300 SOUTH HYDE PARK AVENUE, SUITE 180
City-St-Zip: TAMPA, FL 33606

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

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: JASON MALIA

MGRM

01/08/2008

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