

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078109

Entity Name: DEMSLINK, LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

Current Mailing Address:

237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

FEI Number: 20-5364145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, CAROL G
237 LOOKOUT PLACE
SUITE 100
MAITLAND, FL 32751 US

New Principal Place of Business:

471 CORNICHE WAY
#205
LAKE MARY, FL 32746 US

New Mailing Address:

471 CORNICHE WAY
#205
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

COX, CAROL G
471 CORNICHE WAY
#205
LAKE MARY, FL 32746 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: CAROL G. COX

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COX, CAROL G
Address: 471 CORNICHE WAY #205
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Change (X) Addition
Name: BURNS, EDWARD A
Address: 471 CORNICHE WAY #205
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL G. COX

MGRM

04/18/2007

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