

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090071

Entity Name: STEVE LINK, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

3215 W BRADDOCK ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3215 W BRADDOCK ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-5543265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LINK, STEVEN M
3215 W BRADDOCK ST
TAMPA, FL 33607 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: LINK, STEVEN M
Address: 3215 W. BRADDOCK ST.
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: WILLIAMSON, GARY A
Address: 7510 NORTH CHURCH ST., APT. A
City-St-Zip: TAMPA, FL 33614

Title: MGRM () Delete
Name: WILLIAMS, TIMOTHY W
Address: 7022 N RICHARD AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

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: STEVEN M LINK

MGRM

05/01/2008

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