
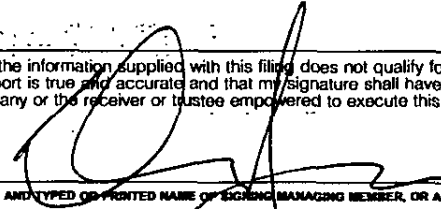


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000120877 1. Entity Name LINXMASTER, LLC		
Principal Place of Business 5120 CEROMAR DRIVE NAPLES, FL 34112	Mailing Address 5120 CEROMAR DRIVE NAPLES, FL 34112	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112		DO NOT WRITE IN THIS SPACE
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FOGARTY, DENNIS 5120 CEROMAR DRIVE NAPLES, FL 34112	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: 		3/23/08 229 530 0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



03232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8084002

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000978234
04/14/08-80046-011 138.75

**DO NOT WRITE
IN THIS SPACE**