

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030083

Entity Name: BLUE-LINKS, LLC

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

4159 PALOMA POINT  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

9570 REGENCY SQUARE BOULEVARD  
SUITE 200  
JACKSONVILLE, FL 32225 US

## Current Mailing Address:

4159 PALOMA POINT  
JACKSONVILLE, FL 32217

## New Mailing Address:

4159 PALOMA POINT  
JACKSONVILLE, FL 32217 US

FEI Number: 33-1209141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RENFRO, MARK  
4159 PALOMA POINT  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

MATHIS & MURPHY, P.A.  
50 NORTH LAURA STREET  
SUITE 1700  
JACKSONVILLE, FL 32202 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: KELLY B. MATHIS, ESQ.

03/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RENFRO, MARK  
Address: 4159 PALOMA POINT  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM ( ) Delete  
Name: HARR, ROSE  
Address: 3060 WEST 13TH STREET  
City-St-Zip: CADILLAC, MI 49601

## ADDITIONS/CHANGES:

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: LAURIE M. LEE, ESQ.

ATTY

03/12/2009

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