| LIMITE | t to a \$ 40 | | sīva. | LIABILITY Com LORIDA DEPARTME Katherine is Secretary of DIVISION OF CORE | NT OF STATE larvis State | | FILED | |
|--|--------------|-----------------|---------------------|--|---|--|-------------------------|---|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | 99 MAY -7 AB 11: 18 | | |
| '\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | J of this | LÁS, LUS J JASSEE, F | Sylvani. |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # 198000001992 | | | | | | IMIM | IASSEL, F | CAMMAN. |
| THE LINKS AT WESTLAND, LLC 1301 RIVERPLACE BOULEVARD, SUITE 1830 JACKSONVILLE FL 32207 | | | | | | 1a. Principal Place of Business Address 1301 RIVERPLACE BOULEVARD, S JACKSONVILLE FL 32207 | | |
| 2 Principal Place of Business | | | 2a. Mailir | 2a. Mailing Address | | | d or Qualified | 3a. State of Formation |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 09/28/1 | 990 | F 1 |
| City & State | | | City & State | | | 4. FEI Number 3pplied For Not Applied ber | | |
| | | | | | | 5. Date of Last R | | Not Applicable 6. Certificate of Status Desired |
| Zip | | Country | Zip | Count | 'Y | | | S8 75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | | | | | | 3. Name and Address of New Registered Agent/Office | | |
| JACQUOT, J.W. 1301 RIVERPLACE BOULEVARD, SUITE 183 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | |
| OACASONVILLE FE SZZOT | | | | | | | | |
| | | | | | Suite, Apt. #, etc. | | | |
| | | | | | City Zip Code | | | |
| 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmal as registered agent, and accept the obligations | | | | | | liability company su tive vote of a majority | bmits this state | ment for the purpose of changing s. I hereby accept the appointment |
| SIGNATURE [He joshered Agent Accepting Approximent the He popularied Agent segmentating production in a fatorial | | | | | | | ATE . | |
| 10. Title Managing Members/Managers | | | | ATE Projetted Agent square Busine | City, State and Zip Code | | | |
| MGR | THE DI | EVELOPMENT (| 1301 RIVE | RPLACE BO | OULEVARD, | JACKS | ONVILLE FL | |
| • | | | | | | 1 17 5,13,99 | 10002 -05/2 **** | 20801914 1/9901117024 197.50 ****197.50 |
| 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If further certify that the information indicated on this annual 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: 10 10 10 10 10 10 10 1 | | | | | | | | |
| SIGN | MIURE | SIGNATURAND IYE | н овекана | AMD a Sicility MANA et al. | MEMBERIORENCHE AR | <u> </u> | 25/19 | (104)399-1300 Digital Photo # |

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