

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90067 046 \*\*\*\*50.00

**DOCUMENT # L98000002359**

1. Entity Name

METAL LINK INTERNATIONAL, L.C.



Principal Place of Business

13500 SUTTON PARK DR. S., SUITE 702  
JACKSONVILLE FL 32224

Mailing Address

13500 SUTTON PARK DR. S., SUITE 702  
JACKSONVILLE FL 32224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-3536262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, RALEIGH M PA  
13500 SUTTON PARK DR. S., SUITE 702  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name *Thomas E. McRee*

Street Address (P.O. Box Number is Not Acceptable)

*13500 SUTTON PARK DR. So. STE 702*

City *Jacksonville*

FL

Zip Code *32224*

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

*Thomas E. McRee*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1-18-06*

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS MCREE, THOMAS E  
CITY-ST-ZIP 13500 SUTTON PARK DR. S., SUITE 702  
JACKSONVILLE FL 32224 ☐ Delete

TITLE  
NAME MGRM  
STREET ADDRESS STEMMER, RICHARD S  
CITY-ST-ZIP 13500 SUTTON PARK DR. S., SUITE 702  
JACKSONVILLE FL 32224 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Thomas E. McRee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1-18-06 (904) 821-8909*