

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003336

1. Entity Name

MASTERLINK REALTY GROUP, L.C.



Principal Place of Business

1035 S. SEMORAN BLVD.
SUITE 1012
WINTER PARK, FL 32792

Mailing Address

1035 S. SEMORAN BLVD.
SUITE 1012
WINTER PARK, FL 32792

FILED

07 APR 13 PM 2:15

CLERK OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
59-3611677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KETTLE, TARY
1035 S. SEMORAN BLVD.
SUITE 1012
WINTER PARK, FL 32792

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KETTLE, TARY
1035 S. SEMORAN BLVD, #1012
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/15/2007

204/17