

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90166 038 ****50.00

DOCUMENT # L99000008139

1. Entity Name

LINKTECH BUILDERS, L.L.C.

Principal Place of Business

150 S. ANDREWS AVENUE, SUITE 350
POMPAÑO BEACH FL 33069

Mailing Address

150 S. ANDREWS AVENUE, SUITE 350
POMPAÑO BEACH FL 33069

910113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

470 S.W. 12th Avenue
Suite, Apt. #, etc.
Suite 206

3. Mailing Address

470 S.W. 12th Avenue
Suite, Apt. #, etc.
Suite 206

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0969400

Applied For

Not Applicable

Zip

Country

33317

USA

Zip

Country

33317

DE
FUSA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POZZUOLI, EDWARD J ESQ.
TRIPP SCOTT, PA
110 S.E. 6TH STREET, 15TH FLOOR
FT. LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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.

SIGNATURE

EDWARD POZZUOLI

2-1-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEROSE, LARRY
150 S. ANDREWS AVENUE, SUITE 350
POMPAÑO BEACH FL 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SLOPEY, GARY G
150 S. ANDREWS AVENUE, SUITE 350
POMPAÑO BEACH FL 33069 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EDWARD POZZUOLI

2-10-02 954-942-7703

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

Date

Daytime Phone #

CR2E083 (9/01)