

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90818 021 ****50.00

DOCUMENT # M01000000325

1. Entity Name

LUXURY HOME LINKS, LLC

Principal Place of Business

701 BROADWAY ST.
 LONGBOAT KEY FL 34228

Mailing Address

701 BROADWAY ST.
 LONGBOAT KEY FL 34228

2. Principal Place of Business

1751 Mound Street PO Box 208

Suite, Apt. #, etc.

Suite 204

City & State

Sarasota

Zip

FL

Country

34236

3. Mailing Address

PO Box 208

Suite, Apt. #, etc.

Sarasota

City & State

Sarasota

Zip

34230

Country

Sarasota

4. FEI Number 59-0332277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENZIE, LINDA
 343 SO. WASHINGTON DR.
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
 MCKENZIE, LINDA
 PO BOX 208
 SARASOTA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

6/6/02 941-951-1558

CR2E083 (9/01)