

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90047 020 ***138.75

DOCUMENT # M06000006251

1. Entity Name
FRESH-LINK CONSOLIDATION, LLC



Principal Place of Business
**22 LOWER RAGSDALE DRIVE STE A
MONTEREY, CA 93940**

Mailing Address
**22 LOWER RAGSDALE DRIVE STE A
MONTEREY, CA 93940**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5622777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRINSTEAD, STEVE
22 LOWER RAGSDALE DRIVE STE A
MONTEREY, CA 93940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAVILLE, NORMAN
3531 CHESAPEAKE AVENUE
HAMPTON, VA 23661**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUIR, PHILLIP
3284 E SPLENDOR WAY
SALT LAKE CITY, UT 84124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

Steve R. Grinstead

1/9/08

831-658-1904

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

Date

Daytime Phone #