

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000024720

**Entity Name:** UNIT 110 - THE LINKS, LLC

**Current Principal Place of Business:**

1351 13TH AVE. SOUTH  
SUITE 110  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

1351 13TH AVE. SOUTH  
SUITE 110  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 20-0443643

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUTCHINS, ROBERT J  
400 N WYMORE RD, STE 110  
WINTER PARK, FL 32789 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NAMEN, DOCTORWILLIAM JII  
Address 1351 13TH AVE. SOUTH, SUITE 110  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM  
Name CAPASSO, DOCTOR ANTHONY  
CAPASSO  
Address 1351 13TH AVE. SOUTH, SUITE 110  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOCTOR WILLIAM J NAMEN II

**MANAGER**

**03/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date