

**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 28, 2006  
Secretary of State**

DOCUMENT# L03000043866

Entity Name: LINKEA LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1114 S DOUGLAS RD  
6  
CORAL GABLES, FL 33134

**Current Mailing Address:**

**New Mailing Address:**

1114 S DOUGLAS RD  
6  
CORAL GABLES, FL 33134

FEI Number: 22-0397272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AGRAMUNT, LUIS  
1114 S DOUGLAS RD, # 6  
CORAL GABLES, FL 33134    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: LUIS AGRAMUNT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: UNDERHILL, MUNISHA  
Address: 1114 S DOUGLAS RD, # 6  
City-St-Zip: CORAL GABLES, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: DE GOYENECHÉ, ALFONSO  
Address: 1114 S DOUGLAS RD, # 6  
City-St-Zip: CORAL GABLES, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALFONSO DE GOYENECHÉ

MGR

11/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date