

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000013075

**Entity Name:** LYNX BUSINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

45 ALMERIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

45 ALMERIA AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-8383655

**Certificate of Status Desired:** No

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

SHOMAR, WASIM  
45 ALMERIA AVE.  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHOMAR, WASIM  
Address 7777 NW 146TH ST  
City-State-Zip: MIAMI LAKES FL 33016

Title MGR  
Name SHOMAR, SHADI  
Address 7777 NW 146TH ST  
City-State-Zip: MIAMI LAKES FL 33016

*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:** WASIM SHOMAR

**MGR**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date