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FILED
May 29, 2002 8:00 am
Secretary of State

01-16-2002 90257 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001030

1. Entity Name

LINK SYSTEM SOLUTIONS, LLC

Principal Place of Business	Mailing Address
20100 HIGHLAND LAKES BLVD MIAMI FL 33179	20100 HIGHLAND LAKES BLVD MIAMI FL 33179

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0981054 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAHAB, EMILIE 20100 HIGHLAND LAKES BLVD MIAMI FL 33179	Name KALAM, EMILIE Street Address (P.O. Box Number is Not Acceptable) 20100 HIGHLAND LAKES BLVD City MIAMI FL Zip Code 33179

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] 4-25-02

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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHAHAB, EMILIE 20100 HIGHLAND LAKES BLVD MIAMI FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HGRM KALAM, EMILIE 20100 Highland Lakes BLVD MIAMI, FL 33179	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: SIGNATURE REQUIRED [signature] 2-28-02 (305) 682-1210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #