

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90078 036 ****50.00

DOCUMENT # L00000001030

1. Entity Name

LINK SYSTEM SOLUTIONS, LLC



Principal Place of Business

20100 HIGHLAND LAKES BLVD
MIAMI FL 33179

Mailing Address

20100 HIGHLAND LAKES BLVD
MIAMI FL 33179

2. Principal Place of Business

15841 SW 56 Street

Suite, Apt. #, etc.

3. Mailing Address

15841 SW 56 Street

Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

SW Ranches FL

City & State

SW Ranches FL

4. FEI Number

65-0981054

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

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

KALAM, EMILIE
20100 HIGHLAND LAKES BLVD
MIAMI FL 33179

Name

Emilie Kalam

Street Address (P.O. Box Number is Not Acceptable)

15841 SW 56 Street

City

SW Ranches

FL

Zip Code

33331

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 reinstalling)

8-12-04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
KALAM, EMILIE
20100 HIGHLAND LAKES BLVD
MIAMI FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
KALAM, EMILIE
15841 SW 56 Street
SW Ranches, FL 33331

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

8-12-04 954 252-6079