2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND FREED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 28, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Jan 28, 2008 08:0 Secretary of St	
DOCUMENT # L00000001030					
DOCUMENT # L0000001030 1. Entity Name LINK SYSTEM SOLUTIONS, LLC			The state of the s	o light in the winds the catch.	
LINKST	31 EW SOLO, TONS, LLC				for the extitional if a few control
Principal Disc	te of Business	Matting Addison		to the second	
15841 SW 5		Mailing Address 15841 SW 56 STREET			•
SW RANCHES		SW RANCHES, FL 33331			
	· 	•		!	
				01242008 No Chg-LLC	CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE				4. FEI Number	Applied For
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· .				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			
KALAM, EMILIE 15841 SW 56 STREET SW RANCHES, FL 33331				DO NOT W	RITE
				IN THIS SPACE	
				IN THIS SP.	ACE
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					
	inamed entity submits this statement for tr tions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS	MANAGERS -			
TITLE NAME	KALAM, EMILIE				
STREET ADORESS CITY-ST-ZIP	15841 SW 56 STREET SW RANCHES, FL 33331			•	
TITLE	011101101120,12 00001	<u> </u>			0802867 -80001-010 138.75
NAME STREET ADDRESS					00001 010 100.10
CITY-ST-ZIP					
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TITLE	<u> </u>	 			•
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CITY-ST-ZIP					
TITLE NAME			:		
STREET ADDRESS		part of the second of the seco	, , , , , , , , , , , , , , , , , , ,		
CITY-ST-ZIP					· · · · ·
indicated	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	iat my signature shall have the san	na lanal offert as if	made under eath: that I am a man-	further certify that the information aging member or manager of the
The state of the s	Summy company or the leceled of thusled to	Thomas of execute this report a	ie reduited by CUS)	oler 600, Flutius Statutes.	

1-24-08 Date

305-439-7771 Daysime Phone #