## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000007025

Entity Name: CO-LINK, L.L.C.

FILED May 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

16300 NE 19 AVENUE 13899 BISCAYNE BLVD

STE 211 STE 205

MIAMI, FL 33162 NORTH MIAMI BEACH, FL 33181

**Current Mailing Address: New Mailing Address:** 

16300 NE 19 AVENUE 5220 S UNIVERSITY DR

STE C STE C-102 MIAMI, FL 33162 DAVIE, FL 33328

FEI Number: 65-1101534 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:

SILVAS ENTERPRISE, INC. SILVAS ENTERPRISE, INC. 16300 NE 19 AVE 5220 S UNIVERSITY DR STE C STE C-102

NORTH MIAMI BEACH, FL 33162 US DAVIE, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

ADDITIONS/CHANGES:

in the State of Florida.

SIGNATURE: FERNANDO SILVA 05/01/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete (X) Change ( ) Addition

SUESCUN, JESUS H SUESCUN, JESUS H Name: Name: 16300 NE 19 AVE STE 205 Address: 13899 BISCAYNE BLVD STE 211 Address: MIAMI, FL 33162 NORTH MIAMI BEACH, FL 33181

City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: MGRM () Delete Title: MGRM

Name: SUESCUN, BONNIE A Name: SUESCUN, BONNIE A Address: 16300 NE 19 AVE SUITE 205 Address: 13899 BISCAYNE BLVD STE 211

City-St-Zip: MIAMI, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition LAMAS, CARLOS E Name: LAMAS, CARLOS E Name:

16300 NE 19 AVE STE 205 13899 BISCAYNE BLVD STE 211 Address: Address:

City-St-Zip: MIAMI, FL 33162 City-St-Zip: NORTH MIAMI BEACH, FL 33181

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: HERNAN SUESCUN **MGRM** 05/01/2006