

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015890

Entity Name: LINCK, LLC

FILED  
Oct 17, 2009  
Secretary of State

## Current Principal Place of Business:

380 N.E. SPANISH TRAIL  
BOCA RATON, FL 33432

## New Principal Place of Business:

13833 WELLINGTON TRACE  
SUITE 455  
WELLINGTON, FL 33414

## Current Mailing Address:

380 N.E. SPANISH TRAIL  
BOCA RATON, FL 33432

## New Mailing Address:

13833 WELLINGTON TRACE  
SUITE 455  
WELLINGTON, FL 33414

FEI Number: 65-1139707      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:

NOHRENBURG, BARBARA  
380 NE SPANISH TRAIL  
BOCA RATON, FL 33432      US

## Name and Address of New Registered Agent:

NOHRENBURG, BARBARA  
13833 WELLINGTON TRACE  
SUITE 455  
WELLINGTON, FL 33414      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: BARBARA NOHRENBURG

10/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: NOHRENBURG, BARBARA  
Address: 380 NE SPANISH TRL  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA NOHRENBURG

MGRM

10/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date