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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
06-25-2002 90441 031 ****50.00

DOCUMENT # L01000016698

1. Entity Name

FINANCIAL LINK LLC

DO NOT WRITE IN THIS SPACE

[redacted] 40227

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19390 Collins Ave	19390 Collins Ave
Suite, Apt. #, etc. PH 9	Suite, Apt. #, etc. PH 9.
City & State SUNNY ISLES BEACH FL	City & State SUNNY ISLES FL
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65 1145358 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FERNANDO LIEVANO

Street Address (P.O. Box Number is Not Acceptable) 19390 Collins Ave PH9.

City SUNNY ISLES BEACH FL Zip Code 33160.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER FERNANDO LIEVANO 19390 Collins Ave PH9 SUNNY ISLES BEACH FL 33160
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CR2E083B (12/01)

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