FILED
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Secretary of State

03-03-2003 90010 011 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003089

1. Entity Name
FLORIDA BUSINESS LINK LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9961 HOLLYHOCK CT	9961 HOLLYHOCK CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0386777 ☐ 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: SCOTT E ABOLAFIA

Street Address (P.O. Box Number is Not Acceptable): 9961 HOLLYHOCK CT

City: DAVIE **FL** Zip Code: 33328

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 _____ 2/27/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM NAME: MICHAEL MERKI STREET ADDRESS: 16013 EMERALD COVE RD CITY-ST-ZIP: WESTON FL 33331	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MGR NAME: RAYMOND PALAND SR STREET ADDRESS: 10162 NW 69 MANOR CITY-ST-ZIP: PARKLAND FL 33076	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MGR NAME: CHARLES DELLAIRA STREET ADDRESS: 4429 NW 106 DR CITY-ST-ZIP: CORAL SPRINGS FL 33076	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: MGR NAME: SCOTT E ABOLAFIA STREET ADDRESS: 9961 HOLLYHOCK CT CITY-ST-ZIP: DAVIE FL 33328	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ SCOTT E ABOLAFIA MGR 2/27/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #