FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 90997 024 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029838

1. Entity Name
CYBERLINK, LLC

44004019

Principal Place of Business
4100 GALT OCEAN DRIVE
SUITE #910
FT. LAUDERDALE, FL 33308

Mailing Address
4100 GALT OCEAN DRIVE
SUITE #910
FT. LAUDERDALE, FL 33308

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 4875 NE 20th Terr	Suite, Apt. #, etc. 4875 NE 20th Terr.
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

4. FEI Number 14-1864082 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BARTOLOME, DELILAH
4100 GALT OCEAN DRIVE
SUITE #910
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name Bartolome, Delilah
Street Address (P.O. Box Number is Not Acceptable) 3100 NE 49 St. #404
City Ft. Lauderdale FL Zip Code 33308

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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BARTOLOME, DELILAH 4100 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ Managing Member Bartolome, Delilah 3100 NE 49 St. #404 Ft. Lauderdale, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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