

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051394

Entity Name: LINK'T SYSTEMS LLC

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

1860 N PINE ISLAND RD, STE 109
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1860 N PINE ISLAND RD, STE 109
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-0493573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, CLAUDE
1047 NANDINA DR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVY, CLAUDE
Address: 1047 NANDINA DR
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: LEVY, ELLIOT
Address: 1563 SUNPIPER CIR
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: LEVY, ALBERT
Address: 7640 ELMRIDGE DR
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: LEVY, LILIANE
Address: 7640 ELMRIDGE DR
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: LEVY, SANDRA
Address: 7640 ELMRIDGE DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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

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

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

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

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

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: CLAUDE LEVY

VP

03/28/2007

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