2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L03000051394

Entity Name: LINK'T SYSTEMS LLC

Current Principal Place of Business:

1860 N PINE ISLAND RD,
109
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1860 N PINE ISLAND RD,
109
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-0493573 **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:

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

ADDITIONS/CHANGES:

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 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 PRES 05/01/2009

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