

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060565

Entity Name: PONCE LINKS 405, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

4670 LINKS VILLAGE DRIVE
APT. D-405
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

C/O GEMA M. AMOR
165 WEST PARKWAY
POMPTON PLAINS, NJ 07444

New Mailing Address:

FEI Number: 20-1525794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UPEGUI, ALICIA M
9906 NW 20TH STREET
PEMBROOK PINES, FL 33024 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: AMOR, GEMA M
Address: 165 WEST PARKWAY
City-St-Zip: POMPTON PLAINS, NJ 07444

Title: MGRM () Delete
Name: COVELESKI, DONALD J
Address: 6095 CATALINA DRIVE, UNIT 311
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

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: GEMA M. AMOR

MEMB

03/23/2009

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