

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000061003

Entity Name: ARLINK, LLC

**FILED**  
**Sep 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

888 BRICKEL KEY DRIVE, #1209  
MIAMI, FL 33131

**New Principal Place of Business:**

888 BRICKELL KEY DRIVE  
SUITE 1209  
MIAMI, FL 33131

**Current Mailing Address:**

888 BRICKEL KEY DRIVE, #1209  
MIAMI, FL 33131

**New Mailing Address:**

888 BRICKELL KEY DRIVE  
SUITE 1209  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOVAR, ILEANA ARIAS  
1725 MAIN STREET, SUITE 205  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

REVENGA, ALBA  
888 BRICKELL KEY DRIVE  
SUITE 1209  
MIAMI, FL 33131 US

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: ALBA REVENGA

09/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MNGR ( ) Change (X) Addition  
Name: REVENGA, ALBA  
Address: 888 BRICKELL KEY DRIVE SUITE 1209  
City-St-Zip: MIAMI, FL 33131

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: ALBA REVENGA

MNGR

09/09/2006

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