

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035498

Entity Name: LINK-IT GROUP, LLC

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

SHOMA CENTRE
8550 NW 33RD STREET, SUITE 201
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

MIGUEL MERCED
275 AVE. JESUS T. PINERO
SAN JUAN, PR 009273901

New Mailing Address:

FEI Number: 66-0656463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVERO-CARTOLANO, ANGELA
DOWNTOWN LEGAL CENTER
46 NE 6TH STREET
MIAMI, FL 33132 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: MERCED, MIGUEL
Address: 8550 NW 33RD STREET, SUITE 201
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: ESKENAZI, NANCY
Address: 8550 NW 33RD STREET, SUITE 201
City-St-Zip: MIAMI, FL 33122

Title: MGRM () Delete
Name: BONFANTI, ENRICO
Address: 8550 NW 33RD STREET, SUITE 201
City-St-Zip: MIAMI, FL 33122

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:

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: MIGUEL MERCED

MGRM

05/08/2009

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