

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059854

Entity Name: LYNX LLC

FILED
Sep 17, 2007
Secretary of State

Current Principal Place of Business:

6100 GLADES ROAD
SUITE 305
BOCA RATON, FLORIDA, 33434

Current Mailing Address:

6100 GLADES ROAD
SUITE 305
BOCA RATON, FLORIDA, 33434

New Principal Place of Business:

7284 WEST PALMETTO PARK ROAD
SUITE 210-S
BOCA RATON, FLORIDA, FL 33433

New Mailing Address:

7284 WEST PALMETTO PARK ROAD
SUITE 210-S
BOCA RATON, FLORIDA, FL 33433

FEI Number: 20-5027833 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:

AGUS, IDIT
6100 GLADES ROAD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

AGUS, JONATHAN
7284 WEST PALMETTO PARK ROAD
BOCA RATON, FL 33433 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: JONATHAN AGUS

09/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGUS, IDIT
Address: 6100 GLADES ROAD SUITE 305
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AGUS, JONATHAN
Address: 7284 WEST PALMETTO PARK ROAD, STE. 210-S
City-St-Zip: BOCA RATON, FL 33433

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: JONATHAN AGUS

MGR

09/17/2007

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