

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015913

FILED
Apr 07, 2009
Secretary of State

Entity Name: JUSTLINK LC

Current Principal Place of Business:

15685 SW 82 LN
#26
MIAMI, FL 33193 US

New Principal Place of Business:

Current Mailing Address:

15685 SW 82 LN
#26
MIAMI, FL 33193 US

New Mailing Address:

C/O 2417 POLK STREET
#6
HOLLYWOOD, FL 33020 US

FEI Number: 33-1153837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, JOSE R
15685 SW 82 LN
#26
MIAMI, FL 33193 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: DIAZ, JOSE R
Address: 15685 SW 82 LN #26
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM () Delete
Name: DAZA, LESBIA
Address: 15685 SW 82 LN #26
City-St-Zip: MIAMI, FL 33193 US

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

ADDITIONS/CHANGES:

Title: PRST (X) Change () Addition
Name: DIAZ, JOSE R
Address: 15685 SW 82 LN #26
City-St-Zip: MIAMI, FL 33193 US

Title: VP (X) Change () Addition
Name: DAZA, LESBIA
Address: 15685 SW 82 LN #26
City-St-Zip: MIAMI, FL 33193 US

Title: AIF () Change (X) Addition
Name: JUNIXER, ESTRADA
Address: 2417 POLK STREET #6
City-St-Zip: HOLLYWOOD, FL 33020 US

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: JUNIXER ESTRADA

AIF

04/07/2009

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