2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

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Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # L07000047985** 1. Entity Name ANGELINK LLC 04-07-2008 90229 039 ***138.75 Principal Place of Business Mailing Address **6931 THOMAS STREET 6931 THOMAS STREET** HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04032008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number -0693135 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARONE, ANGELICA Street Address (P.O. Box Number is Not Acceptable) 6931 THOMAS STREET HOLLYWOOD, FL 33024 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE Change ☐ Addition ANGELICA, BARONE NAME STREET ADDRESS 6931 THOMAS STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

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CITY-ST-ZIP

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Angelia L Borones JRE: Angelica Borons L Angelica Barone SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (305)953-6606