

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066137

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ANDINA LINK LLC

**Current Principal Place of Business:**

5714 NW 112TH PLACE  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5714 NW 112TH PLACE  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 26-0414498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HISPANIC FINANCIAL TAX SERVICES INC  
7401 WILES RD  
115  
CORAL SPRINGS, FL 33065 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: MGR ( ) Delete  
Name: ARANGO, LUZ M  
Address: 5714 NW 112TH PLACE  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: GOMEZ, MARIA F  
Address: 5714 NW 112TH PLACE  
City-St-Zip: MIAMI, FL 33178

Title: MGR ( ) Delete  
Name: GOMEZ, KATHERINE  
Address: 5714 NW 112TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33178

**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: MARIA F. GOMEZ

MGR

04/28/2008

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