

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066137

FILED
May 01, 2009
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 ()
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:

Name and Address of New Registered Agent:

HISPANIC FINANCIAL TAX SERVICES INC
7401 WILES RD
115
CORAL SPRINGS, FL 33065 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:

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

05/01/2009

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