2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State 07-14-2008 90097 003 ***138.75

DOCUMENT # L07000105542 1. Entity Name KEM LINK HOLDINGS, LLC						07-14-2008	90097 00:	3 ***138.	75
Principal Place	e of Business	Mailing Address			7				
7943 NW 64 STREET Miami, Fl 33166		7943 NW 64 STREET MIAMI, FL 33166		60044748					
					1 (1881) 8 (1	1864 1864 1864 1864 1864		FILLENIN TURNA (IR	IA II II II.
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Numbe	26-12:	5736	7 Ap	plied For t Applicable	
Zip	Country	Zip	Country		1	of Status Desired	П	\$5.00 Add Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New		<u> </u>	
			Nan	Name					
1943 SW 8	SOLUTIONS, INC 3 STREET	Street Address			(P.O. Box Number is Not Acceptable)				
MIAM, FL	33135		<u> </u>			·		<u></u>	
	"	City					FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its	registered office	ce or registe	ered agent, or bot	h, in the State of F		familiar with.	and accept
SIGNATURE .	ions of registered agent.	o OT							
Fili	E NOWILL FEE IS \$138.75	In accordance with	s. 607.193(2)	(b), F.S., t	the limited	Ma	DATE nke check p	ayable to	
F!LI Due	₹	In accordance with s	s. 607.193(2)	(b), F.S., t	the limited			-	9
Fill Due	E NOWILL FEE IS \$138.75 by September 12, 2008 MANAGING MEMBER	In accordance with s liability company did	s. 607.193(2)	(b), F.S., t	the limited	Flori	ike check p	ent of State)
9.	E NOWILL FEE IS \$138.75 by September 12, 2008 MANAGING MEMBER	In accordance with s liability company did	s. 607.193(2) I not receive to 10.	(b), F.S., t	the limited	Flori	ike check p da Departm	ent of State	Addition
9. TITLE NAME	E NOWILL FEE IS \$138.75 by September 12, 2008 MANAGING MEMBER MGR & BARREIRO, MARITZA	In accordance with s liability company did	s. 607.193(2) I not receive to 10. TITLE NAME	(b), F.S., the prior n	the limited	Flori	ike check p da Departm	ent of State	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE