

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004996

Entity Name: LYNKSOLUTIONS LLC

FILED  
Apr 23, 2009  
Secretary of State

## Current Principal Place of Business:

12521 S.W. 106 TERR.  
MIAMI, FL 33186

## New Principal Place of Business:

6860 SW 45TH LANE  
2  
MIAMI, FL 33155

## Current Mailing Address:

PO BOX 248784  
CORAL GABLES, FL 33124

## New Mailing Address:

PO BOX 248984  
CORAL GABLES, FL 33124

FEI Number: 26-1913074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JADOO, RAFAEL  
12521 S.W. 106 TERR.  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

METZ, AARON  
6860 SW 45TH LANE  
2  
MIAMI, FL 33155 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: AARON METZ

04/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: METZ, AARON  
Address: 6667 SW 56TH ST #701  
City-St-Zip: MIAMI, FL 33155

Title: MGR ( ) Delete  
Name: JADOO, RAFAEL  
Address: 12521 S.W. 106 TERR.  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: METZ, AARON  
Address: 6860 SW 45TH LANE #2  
City-St-Zip: MIAMI, FL 33155

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: AARON METZ

MGR

04/23/2009

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