

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004996

Entity Name: LYNKSOLUTIONS LLC

**FILED**  
**Oct 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6860 SW 45TH LANE  
2  
MIAMI, FL 33155

**New Principal Place of Business:**

4718 SW 67 AVE  
B4  
MIAMI, FL 33155

**Current Mailing Address:**

PO BOX 248984  
CORAL GABLES, FL 33124

**New Mailing Address:**

FEI Number: 26-1913074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: JADOO, RAFAEL  
Address: 4718 SW 67 AVE #B4  
City-St-Zip: MIAMI, FL 33155

I hereby 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

10/14/2012

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