2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000039234

Entity Name: FOURLINK-USA LLC

Current Principal Place of Business:

3230 SCENIC WOODS DRIVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

3230 SCENIC WOODS DRIVE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 26-2491473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHREIBER, RICHARD M
3230 SCENIC WOODS DRIVE
DELTONA, FL 32725 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:	MGRM ( ) Delete
Name:	SHREIBER, RICHARD M
Address:	3230 SCENIC WOODS DRIVE
City-St-Zip:	DELTONA, FL 32725 US
Title:	MGRM ( ) Delete
Name:	KIRWAN, BENJAMIN S
Address:	109 E. FAIRFIELD DR
City-St-Zip:	SALISBURY, MD 21804 US
Title:	MGRM ( ) Delete
Name:	FOURLINK EUROPE
Address:	FRANCESC MACIA 1, LOCAL 4
City-St-Zip:	MOLINS DE REI, BARCELONA, SP 08750 SP

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	KIRWAN, BENJAMIN S
Address:	1710 JOYNER ST
City-St-Zip:	DELTONA, FL 32725 US
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: RICHARD SHREIBER MGRM 04/29/2009

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