

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098442

Entity Name: LINK SOLUTIONS LLC

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

1451 W CYPRESS ROAD SUITE 300, #355
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3370 NW 21 COURT
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 26-3543225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MENELAS, JACQUESSAINT
1451 W CYPRESS ROAD SUITE 300, #355
FORT LAUDERDALE, FL 33309 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: MENELAS, JACQUESSAINT
Address: 1451 W CYPRESS ROAD SUITE 300, #355
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: MENELAS, SLABINE
Address: 3370 NW 21 COURT
City-St-Zip: COCONUT CREEK, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MENELAS, SLABINE
Address: 3370 NW 21 COURT
City-St-Zip: COCONUT CREEK, FL 33066

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: JACQUESSAINT MENELAS

MGR

06/24/2009

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