## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # M02000002301

1. Entity Name



LYNK SOURCE, LLC Principal Place of Business Mailing Address ~UU23683 5150 NORTH TAMIAMI TRAIL #403 5150 NORTH TAMIAMI TRAIL #403 NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 03-0467110 Applied For Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM JAMES GOMEZ Address (P.O. Box Number is Not Acceptable)

N. TAMLAMI TRAIL, STE. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANIACINIC MEMBERS (MANIACERS

**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90038 018 \*\*\*\*50.00

<del></del>	WANAGING WEWBERS/ MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, JAMES 5150 NORTH TAMIAMI TRAIL #403 NAPLES FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: