

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000784

1. Entity Name
LINKSCORP FLORIDA CIMARRONE, L.L.C.

FILED

01 APR 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
245 WAUKEGAN ROAD, SUITE 204
NORTHFIELD IL 60093

Mailing Address
245 WAUKEGAN ROAD, SUITE 204
NORTHFIELD IL 60093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 Waukegan Road
Suite, Apt. #, etc.
Suite W-100
City & State
Bannockburn, IL
Zip
60015
Country
USA

3. Mailing Address

2201 Waukegan Road
Suite, Apt. #, etc.
Suite W-100
City & State
Bannockburn, IL
Zip
60015
Country
USA

4. FEI Number

36-4296349

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LINKSCORP, L.L.C.
245 WAUKEGAN ROAD
NORTHFIELD IL 60093
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Linkscorp, L.L.C.
2201 Waukegan Road Suite W-100
Bannockburn, IL 60015
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/01 (847) 282-2000

CR2E083 (11/00)