

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115416

**Entity Name:** ILINKCONNECT LLC

**Current Principal Place of Business:**

7800 CONGRESS AVE  
SUITE 206  
BOCA RATON, FL 33487

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC4394192086**

**Current Mailing Address:**

2228 BLOODS GROVE CIRCLE  
DELRAY BEACH, FL 33445 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

ALCALAY, EDAN M  
2228 BLOODS GROVE CIRCLE  
DELRAY BEACH, FL 33445 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ALCALAY, EDAN M	Name	BECKHOFF, HANK
Address	2228 BLOODS GROVE CIRCLE	Address	4774 LOWER MOUNTAIN ROAD
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	NEW HOPE PA 18938

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EDAN M. ALCALAY**

**MANAGING MEMBER**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date