

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90173 002 ****50.00

DOCUMENT #

1. Entity Name

InScope, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8210 N.W. 27 St.

Suite, Apt. #, etc.

3. Mailing Address

8210 N.W. 27 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FE Number

65-0919136

Applied For

Not Applicable

Zip

33122

Country

Zip

33122

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel T. White, Esq.

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

1304 N.W. 98 Terrace

City

Gainesville

FL

Zip Code

32606

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*MGRM
Syntheon, LLC
8210 N.W. 27 Street
Miami, FL 33122*

TITLE
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IN THIS SPACE**

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: *M. Sean McBrayer*

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

M. Sean McBrayer 1-25-02 305-716-7000

Date

Daytime Phone #

CR2E083B (12/01)