

2002 UNIFORM BUSINESS REPORT (UBR)

7/8/2

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-08-2002 90237 028 ****50.00

DOCUMENT # L01000011905

1. Entity Name
ISLANDLESS NETWORK, LLC

Principal Place of Business

Mailing Address

**3030 N.E. 23RD CT.
 FT LAUDERDALE FL 33305**

**3030 N.E. 23RD CT.
 FT LAUDERDALE FL 33305**

40669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1121432

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRECINE, JOHN P
 3030 NE 23RD COURT
 FT. LAUDERDALE FL 33305-1832**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **CRECINE, ROBERT P**
 STREET ADDRESS **3105A EASTLAKE AVE., EAST, STE. A**
 CITY-ST-ZIP **SEATTLE WA 98102**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **CRECINE, ROBERT P**
 STREET ADDRESS **3030 NE 23RD COURT**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33305-1832**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

7/2/2002 (728) 548957

CH2E083 (4/02)