

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90569 004 \*\*\*\*55.00

**DOCUMENT # L02000027946**

1. Entity Name  
**NSQUARE, LLC**



Principal Place of Business

**321 N. KENTUCKY AVE. SUITE 9  
LAKELAND FL 33801**

Mailing Address

**321 N. KENTUCKY AVE. SUITE 9  
LAKELAND FL 33801**

00000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1910 Harden Blvd. Suite 105**

3. Mailing Address

**P.O. Box 92536**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 105**

City & State

**Lakeland, FL**

City & State

**Lakeland, FL 33804**

Zip

**33803**

Country

**US**

Zip

**33804**

Country

**US**

4. FEI Number

**22-3877968**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TRITTON, ROB**

**321 N. KENTUCKY AVE. SUITE 9  
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

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

**1910 Harden Blvd.**

**Suite 105**

City

**Lakeland**

**FL**

Zip Code

**33803**

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 reinstating)

DATE

**1-9-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

CR2E083 (10/02)

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**

**1-9-03**

**863-688-4505**

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

Date

Daytime Phone #