FILED May 05, 2003 8:00 am Secretary of State

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L02000024376 05-05-2003 90695 009 ***150.00 1. Entity Name TELNETUS, LLC. Principal Place of Business Mailing Address 9415 SUNSET DRIVE 9415 SUNSET DRIVE **SUITE #206 SUITE #206** MIAMI FL 33173 **MIAMI FL 33173** 3. Mailing Address 2. Principal Place of Business 15476 NW 7701 Suite, Apt # Detc. Suite, Apt # etc. ☐ CHECK HERE IF MAKING CHANGES 368 Applied For City & State 4. FEI Number Mipmi (Aka y inno catos Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE SOUZA, MATTHEW ss (P.O. Box Number is Not Acceptable) 9415 SUNSET DRIVE **SUITE #206 MIAMI FL 33173** 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. **MGRM** Addition TITLE TITI F MGRM Change **D**elete NAME DE SOUZA, MATTHEW MARIO ZAMORA a #368 STREET ADDRESS 9415 SUNSET DRIVE #206 STREET ADDRESS $\rho \omega$ CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Change ☐ Addition TITHE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

MANAGER. OR AUTHORIZED REPRESENTATIVE