

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080682

Entity Name: 827 COMMUNICATIONS, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD.
SUITE 200
ORLANDO, FL 32827

FILED
Mar 27, 2018
Secretary of State
CC8007774686

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD.
SUITE 200
ORLANDO, FL 32827 US

FEI Number: 26-3933703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PETER F. SOUZA, ASSISTANT SECRETARY

03/27/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name ZBORIL, JAMES L.
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BYRNES, DANIEL
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP, T
Name DOMINGUE, RONALD M
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP, SECRETARY
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name THAKKAR, RASESH
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name COLLIN, THOMAS CRAIG
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 200
City-State-Zip: ORLANDO FL 32827

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: JAMES L. ZBORIL

PRESIDENT

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date