

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

**DOCUMENT # L00000012495**

1. Entity Name  
**ISPPWARE, L.L.C.**



**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90272 011 \*\*\*\*\*50.00

Principal Place of Business  
**12807 W. HILLSBOROUGH AVENUE  
TAMPA FL 33615**

Mailing Address  
**P.O. BOX 2218  
DUNEDIN FL 34697-2218**

2. Principal Place of Business

3. Mailing Address  
**12807 W. HILLSBOROUGH AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**STE. I**

City & State

City & State  
**TAMPA, FL.**

Zip

Country

Zip

Country

**33635**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3681442**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FEINSTEIN, ERIC A  
12807 W. HILLSBOROUGH AVENUE  
TAMPA FL 33615**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**3/17/04**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **FEINSTEIN, ERIC A**  
STREET ADDRESS **12807 W. HILLSBOROUGH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 #

CR2E083 (10/02)