FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90355 043 ***550.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001653

969608

1. Entity Name
Intelligent Switching & Software, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1020 NW 163 Dr		1720 Windward Concourse	
Suite, Apt. #, etc.: 1020 NW 163 Dr		Suite, Apt. #, etc.: Suite 250	
City & State: Miami	FL	City & State: Alpharetta	GA
Zip: 33169	Country:	Zip: 30005	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1072134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TCS Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1406 Hays Street, Ste #2
City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE: Elbert L. Ellis Vice President 6/17/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $550.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager	TITLE	
NAME	Engin Yesil	NAME	
STREET ADDRESS	1020 NW 163 Dr	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33169	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Korhan Aydin	NAME	
STREET ADDRESS	1020 NW 163 Dr	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33169	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	Guven Kivilcim	NAME	
STREET ADDRESS	1020 NW 163 Dr	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Miami FL 33169	CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: ______ 6/18/02 (305)944-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #