

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90023 019 ****50.00

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1. Entity Name

INTERNATIONAL DATA NETWORKERS, L.L.C.



Principal Place of Business

3015 N. OCEAN BOULEVARD, SUITE 121
FORT LAUDERDALE, FL 33308

Mailing Address

3015 N. OCEAN BOULEVARD, SUITE 121
FORT LAUDERDALE, FL 33308

40006553



04292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1137286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, REBECCA A
3015 N OCEAN BLVD STE 121
FORT LAUDERDALE, FL 33308

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IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FOSTER, REBECCA
STREET ADDRESS 3015 N. OCEAN BOULEVARD, SUITE 121
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE MGR
NAME GOPAUL, ROGER
STREET ADDRESS 3015 N. OCEAN BOULEVARD, SUITE 121
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Rebecca A Foster 4/29/05 954.563.2444

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

Date

Daytime Phone #