

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92173 032 ****50.00

DOCUMENT # L01000014426

1. Entity Name
CROSSTRAIL COMMUNICATIONS, LLC



Principal Place of Business
**8044 RENAULT DR.
JACKSONVILLE, FL 32244**

Mailing Address
**8044 RENAULT DR.
JACKSONVILLE, FL 32244**

2. Principal Place of Business
37146 Lorena Dr
Suite, Apt. #, etc.

3. Mailing Address
37146 Lorena Dr
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Hilliard FL
Zip
32046
Country

City & State
Hilliard FL
Zip
32046
Country

4. FEI Number
59-3740000

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALKER, JAMES K
8044 RENAULT DR.
JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent

Name
Paul D. Walker

Street Address (P.O. Box Number is Not Acceptable)
37146 Lorena Dr

City
Hilliard FL Zip Code
32046

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
Paul D. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03
DATE

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
WALKER, JAMES K
STREET ADDRESS
8044 RENAULT DR
CITY-ST-ZIP
JACKSONVILLE, FL 32244

TITLE
MGRM ☐ Delete
NAME
WALKER, PAUL D
STREET ADDRESS
37146 LORENA DRIVE
CITY-ST-ZIP
HILLIARD, FL 32046

TITLE
MGRM ☐ Delete
NAME
MARANGE, MICHAEL D
STREET ADDRESS
16051 DERBY DR
CITY-ST-ZIP
BATON ROUGE, LA 70816

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
MGRM ☒ Change ☐ Addition
NAME
Walker, James K
STREET ADDRESS
113 Salem St
CITY-ST-ZIP
Interlachen, FL 32148

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

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 606, Florida Statutes.

SIGNATURE:

James K Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03 (386) 326-8600
DATE Daytime Phone #

CR2E083 (10/02)