

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

02-05-2003 90033 037 *****50.00
L01000018583

DOCUMENT # L01000018583

1. Entity Name

TRIFECTA COMMUNICATIONS, L.L.C.



Principal Place of Business

118 WEST ORANGE ST.
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE ST.
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2199 Birdie Eagle Dr.
Suite, Apt. #, etc.

3. Mailing Address

2199 Birdie Eagle Dr.
Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

USA

City & State

Titusville, Florida

Zip

32796

Country

USA

4. FEI Number 59-3752515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOLDBERG, RUSSELL
118 WEST ORANGE ST
ALTAMONTE SPRINGS FL 32716

Already
→ Changed

7. Name and Address of New Registered Agent

Name Patrick J. Andersen

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

430 S. Harbor City Blvd.

Suite 505

City Melbourne

FL

Zip Code

32901

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GOLDBERG, RUSSELL
STREET ADDRESS 118 WEST ORANGE STREET
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME DAN HATOUN
STREET ADDRESS 2199 Birdie Eagle Drive
CITY-ST-ZIP Titusville, FL 32796 ☒ Change ☒ Addition

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

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

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

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

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

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

1-20-03

Date

(321) 432-6600

Daytime Phone #

CR2E083 (10/02)