

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

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 013 ****50.00

DOCUMENT # 201000019203

1. Entity Name

DIGITAL INFORMATION DIRECT, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. PINE ISLAND RD

3. Mailing Address

600 N. PINE ISLAND RD

Suite, Apt. #, etc.

SUITE 450

Suite, Apt. #, etc.

SUITE 450

City & State

PLANTATION, FL.

City & State

PLANTATION, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

04-3610451

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

DR. STEVE KRINGOLD

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

9998 SEACREST CIRCLE B

City

BOYNTON BEACH, FL

Zip Code

33437

**DO NOT WRITE
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.

SIGNATURE

Dr. Steve Kringold

DR. STEVEN KRINGOLD

4-22-02

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

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
DR. STEVE KRINGOLD
9998 SEACREST CIRCLE B
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

A VP
RON OBBGATTEN
600 N. PINE ISLAND RD SUITE 450
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S/T
MICHAEL MATSOWICZ
600 N. PINE ISLAND RD SUITE 450
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Dr. Steve Kringold

DR. STEVEN KRINGOLD

4-22-02

305-666-0050

CR2E083B (12/01)