

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 036 ****50.00

DOCUMENT # L01000019370

1. Entity Name

TRUE PRIVACY, LLC

NAME CHANGE: TRCA, LLC

Principal Place of Business

255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801

2. Principal Place of Business

8280 College Parkway

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33919

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREELEY, JOHN P

255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

K. Michael Swann

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

301 East Pine Street, Suite 1020

City

Orlando

FL

Zip Code
32801

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 **MGRM** ☐ Delete
NAME **RIEDEL, KENT E**
STREET ADDRESS **8280 COLLEGE PARKWAY SUITE 103**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGR/S/T** ☐ Change ☒ Addition
NAME **Carman, Christopher**
STREET ADDRESS **8280 College Parkway, Suite 103**
CITY-ST-ZIP **Ft. Myers, Florida 33919**

TITLE **MGR/P** ☐ Change ☒ Addition
NAME **Fletcher, Robert**
STREET ADDRESS **699 S.W. 8th Terrace**
CITY-ST-ZIP **Boca Raton, Florida 33486**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Riedesel, Kent E.**
STREET ADDRESS **8280 College Parkway, Suite 103**
CITY-ST-ZIP **Ft. Myers, Florida 33919**

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 608, Florida Statutes.

SIGNATURE:

Kent E. Riedesel

2/13/03

239-433-9114

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

Date

Daytime Phone #

CR2E083 (10/02)