

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

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

05-03-2002 90056 046 ****50.00

DOCUMENT # L01000020866

1. Entity Name

FREEDOM PHONE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 SE 6th Ave, Suite D

3. Mailing Address

101 SE 6th Ave

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

4. FEI Number

65-1157097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maureen Rothman

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

101 SE 6th Ave Suite D

City

Delray Beach

FL

Zip Code

33483

**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

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Glenn Rinkowski
STREET ADDRESS	512 means street
CITY-ST-ZIP	Suite 300 Atlanta, GA 30318
TITLE	MGR
NAME	Anthony S. Turner
STREET ADDRESS	101 SE 6th Ave Suite D
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	
NAME	
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CITY-ST-ZIP	

**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:

Anthony S. Turner

Anthony S. Turner, Managing Member

4/27/02

561-860-9001

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

Date

Daytime Phone #

CR2E083B (12/01)