

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-11-2003 90020 027 ****50.00

DOCUMENT # L02000001360

1. Entity Name

POSTUS1, L.L.C.



Principal Place of Business

Mailing Address

65 E. NASA BLVD., SUITE 202
MELBOURNE FL 32901

65 E. NASA BLVD., SUITE 202
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

7332 OFFICE PARK PLACE

7332 OFFICE PARK PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 101

STE. 101

City & State

City & State

MELBOURNE, FL

MELBOURNE, FL

Zip

Country

Zip

Country

32940

USA

32940

USA

4. FEI Number

59-2827927

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

7. Name and Address of New Registered Agent

WILKINSON, MYLES H

65 E. NASA BLVD., SUITE 202
MELBOURNE FL 32901

7332 OFFICE PARK PLACE
STE. 101
MELBOURNE, FL 32940

Name

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

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent or authorized representative (if not required, Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT / manager	<input type="checkbox"/> Delete
NAME	MYLES H. WILKINSON	
STREET ADDRESS	7332 OFFICE PARK PLACE, #101	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MYLES H. WILKINSON

Date

Daytime Phone #

1/8/03

321/451-1500

CR2E083 (10/02)