

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90277 012 ****50.00

DOCUMENT # L02000006082

1. Entity Name

CORPDIGS, LLC



Principal Place of Business

2611 TECHNOLOGY DRIVE
ORLANDO FL 32804

Mailing Address

2611 TECHNOLOGY DRIVE
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

P.O. Box 608066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32860-8066

Country

U.S.A.

4. FEI Number

04-3647069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASDICK, MICHAEL J
37 NORTH ORANGE AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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, 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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LONG, DOUGLAS F
STREET ADDRESS 1500 LEE ROAD SUITE 200
CITY-ST-ZIP ORLANDO FL 32810

TITLE MGR ☐ Delete
NAME VRATANINA, JEFFREY J
STREET ADDRESS 3457 PARKWAY CENTER COURT
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 2611 TECHNOLOGY DRIVE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1500 LEE ROAD
CITY-ST-ZIP ORLANDO, FL 32810

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

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.

DOUGLAS F. LONG

SIGNATURE:

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

Date

Daytime Phone #

3-15-04 (407) 578-2000