

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

DOCUMENT # L02000008814

1. Entity Name

ONEROUTE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 17 AM 9:55

3/20

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

621 NORTHWEST 53RD STREET

3. Mailing Address

621 NORTHWEST 53RD STREET

Suite, Apt. #, etc.

SUITE 135

Suite, Apt. #, etc.

SUITE 135

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FLORIDA

City & State  
BOCA RATON, FLORIDA

4. FEI Number 20-0000208

Applied For

Not Applicable

Zip  
33487

Country  
USA

Zip  
33487

Country  
USA

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 BERNARD A. SINGER, ESQUIRE

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

3107 STIRLING ROAD, SUITE 105

City FORT LAUDERDALE

FL

Zip Code  
33312

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
OPT-IN SERVICES, LLC  
621 NORTHWEST 53RD STREET, SUITE 135  
BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800014243348  
03/17/03--01075--017 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

MANAGING MEMBER

3/14/03

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

Date

Daytime Phone #