## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 07, 2003 8:00 am Secretary of State 05-16-2003 90066 033 \*\*\*\*50.00

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| 1. Entity Nan  | IMENT # LO20000<br>IS WIRED SOLUTIONS, LLC   | 14288  |                                |                                | 03-10-2001                                 | 9 90000 03.        | ,                 | 30.00                      |  |
|--|--|--|--------------------------------|--------------------------------|--|--------------------|-------------------|----------------------------|--|
| Principal Place of Business<br>115 CLEAR LAKE CIR.<br>SANFORD FL 32773 |  | Mailing Address 115 CLEAR LAKE CIR. SANFORD FL 32773 |                                |                                | 44005362                                   |                    |                   |                            |  |
| 2. Principal f   | Place of Business  | 3. Mailing Address                                   |                                | 1                              |  |                    |                   | :                          |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                  |                                | ☐ CHECK HERE IF MAKING CHANGES |  |                    |                   |                            |  |
| City & State   |  | City & State   |                                | 4. FEIN                        | El Number                                  |                    |                   | Applied For Not Applicable |  |
| Zip  | Country  | Zip  | Country                        | 5. Certif                      | icate of Status Desired                    | □ \$5.             | 00 Ad<br>Require  | ditional                   |  |
|  | 6. Name and Address of Current R   | legistered Agent                                     | Name                           |                                | and Address of New Re                      | gistered Agen      | nt -              |                            |  |
| SCHICK, BRADO W  |  |  |                                |                                |  |                    |                   |                            |  |
| 115 CLEAR LAKE CIR.<br>SANFORD FL 32773                                |  | Street Address                                       |                                | Address (P.O. Box No           | umber is Not Acceptable)                   |                    |                   |                            |  |
|  |  |  |                                |                                |  |                    |                   |                            |  |
| į  |  | •  | City                           |                                |  | FL                 | Zip Cod           | 10                         |  |
|  | e named entity submits this statement for tions of registered agent.   | the purpose of changing its                          | registered office              | or registered agent, o         | r both, in the State of Flor               | ida. 1 am famili   | ar with,          | and accept                 |  |
| SIGNATURE  |  |  |                                |                                |  |                    |                   |                            |  |
| 1 1 2 2 2  | Signature, typed or printed name of registered agent an  | d the if applicable. (NOTE                           | : Registered Agent sign        | sture required when reinstatin | a) Single Silver and all 1986              |                    | 10, 4             | Andrew State               |  |
| 207-01-15  | gar garrier man de la caracter de la | Make Check Payabl                                    |                                |                                |  |                    |                   | والمستاد مروسا             |  |
| เรียนในเดิมสำ  |  |  | By May 1, 20                   |                                | •  |                    |                   |                            |  |
| 9.   | MANAGING MEMBER  |  | 10.                            |                                | ADDITIONS/C                                | CHANGES            |                   | F 1 dr 322                 |  |
| NAME   | broad W Schick   | -Member - Delete                                     | NAME                           |                                | بله المعدورة ويستنب يا يه بدالدام الرايا ا |                    | Change ***        | - Addition                 |  |
| STREET ADDRESS   | THE CHERY WAKE CIT   | _  | STREET ADDRESS                 | : (                            |  |                    |                   |                            |  |
| CITY-ST-ZIP  | Sanford Florid   |  | CITY-ST-ZIP                    | <b></b>                        | <del></del>                                |                    |                   |                            |  |
| TITLE<br>Name  | {  | ☐ Delete   | Title<br>Name                  | }                              |  |                    | Change            | Addition                   |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  | STREET ADDRESS<br>CITY-ST-ZIP  |                                |  |                    |                   |                            |  |
| TITLE  | }  | ☐ Delete   | TITLE                          | <del> </del>                   |  |                    | Change            | Addition                   |  |
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| ="Street aduress"<br>City-St-Zip                                       |  |  | "STHEET ADORESS<br>CITY-ST-ZIP |                                |  |                    |                   |                            |  |
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| ~ indicated  | certify that the information supplied with the contract and the billity company or the receiver or trustee e   | iat my signature shali have ti                       | ne same legal effe             | ect as if made under o         | bath; that I am a managin                  | unther certify the | at the ininanager | formation<br>of the        |  |
| SIGNAT   | URE: PROSON  | uay de qui   | RED_                           |                                | 1/13/03                                    | 4073               | DAI"              | ia2                        |  |
| ~  |  | RINING MANAGING MEMBER, MANA                         | IGER, OR AUTHORIZE             | D REPRESENTATIVE               | Date                                       | Doutine            | hone i            | <del></del>                |  |