

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90082 015 \*\*\*\*\*50.00

**DOCUMENT # L02000016039**

1. Entity Name

**CALEX DIGITAL COMMUNICATIONS, LLC**



Principal Place of Business

9114 WINDJAMMER LANE  
ORLANDO FL 32819

Mailing Address

9114 WINDJAMMER LANE  
ORLANDO FL 32819

2. Principal Place of Business

15745 S. Apopka Vineland Rd

Suite, Apt. #, etc.

3. Mailing Address

15745 S. Apopka Vineland Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32821

Country

USA

City & State

Orlando, FL

Zip

32821

Country

USA

4. FEI Number

61-1420164

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

THALWITZER, KURT E  
225 EAST ROBINSON ST., SUITE 600  
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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*David M. Miller* David M. Miller, President 1/03/03

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME MILLER, DAVID  
STREET ADDRESS 9114 WINDJAMMER LANE  
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE MGRM  
NAME VU, STEVEN  
STREET ADDRESS 2336 LIELASUS DRIVE  
CITY-ST-ZIP ORLANDO FL 32835

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*David M. Miller* David M. Miller 1/03/03 407 809 0045

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

Date

Daytime Phone #

CR2E083 (10/02)