2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am Secretary of State

04-16-2003 90036 005 ****50 00

1. Entity Name						04-16-2003 90036 005 *****50.00				
TELEPHO	NY TECHNOLOGY, LLC	4			7					
Principal Plac	e of Business	Mailing Address			-					
1915 ANDROMEDA LANE WESTON FL 33327		1915 ANDROMEDA LANE WESTON FL 33327							r r	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.				┩`				
					☐ CHECK HERE IF MAKING CHANGES					_
		City & State		4. FEI Number 08991			Applied For h		<u>,</u>	
Zip	Country	Zip \	Cour	ntry	5. Certifica	te of Status Desired ·		5.00 Ad		7
	8. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New Re				_
COLSON, ARMAND				_Name		والرحية والمحاجدة		× 7	<u></u> •	┧.
	SON, SAWYER & ASSOCIATES, LL	.c		Street Addres	s (P.O. Box Num	ber is Not Acceptable)		-]
	1 N.W. 159 LANE IBROKE PINES FL 33028									
				City		•	FL	Zip Cod	la	7
	named entity submits this statement for ions of registered agent.	the purpose of changing it	ts register	ed office or regist	ered agent, or b	oth, in the State of Flori	da. I am far	nillar with.	and accept.	1
SIGNATURE .		•				•				
JIGHATORE .	Signature, typed or printed name of registered agent an	d title if applicable. (NC	TE: Registere	d Agent signature requi	(gritstanie n nerhw ben		DATE			-
		Make Check Payal	ble to Fi	FEE IS \$50.00 orida Departm sy 1, 2003		ĺ				
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/C	HANGES			1_
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete SMITH, TERENCE D 1915 ANDROMEDA LANE			E Et adoress -st-zip			[☐ Change	Addition	CR2E083 (10/02)
TITLE	WESTON FL 33327 MGRM	☐ Detete	TITLE		·			Change	☐ Addition	ÄÄ
NAME	HARRIOTT, ROGER		NAME					_ ,	_	0
STREET ADORESS CITY-ST-ZIP	14483 NW 16TH COURT PEMBROKE PINES FL 33327			ET ADDRESS - St-Zip						}
TITLE		☐ Delete	TITLE				[Change	Addition	1
STREET ADDRESS			STRE	ET ADDRESS		· - · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP		 _	CITY	-ST-ZIP		· .				
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CITY-ST-ZIP	·	□ Delete	TITLE	-ST-ZIP			·	Change	Addition	}
NAME		LI Delae	NAME				L	Ti Cireitide		
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP						Ì
TITLE		☐ Delets	TITLE					Change	Addition	ſ
NAME "			, NAME	· I		•	_		"	
STREET ADDRESS CITY-ST-ZIP	· 			ST-ZIP		,	•			
11. I hereby co indicated o limited liab	ertify that the information supplied with the on this report is true and accurate and the cility company or the receiver of trustee e	is filing does not qualify fo at my signature shall have impowered to execute this	or the exer the same report as	nption stated in S legal effect as if required by Char	ection 119.07(3 made under oat oter 608, Florida	(i), Florida Statutes. I fo h; that I am a managin Statutes.	uther certify g member o	that the in or manager	formation of the	
SIGNAT	URE: SUMMIN	JREMUCK	REC	D	4	5/03	9546	59 1280	·	{