2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021635

1. Entity Name



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90023 004 ****55.00

| IIS, LLC | | | | | | | |
|--|--|--|--|--|---|--------------------------------|-------------------------------|
| Principal Place of Business 200 BEECH TREE LANE LONGWOOD FL 32779 | | 200 BEECH TREE | Mailing Address 200 BEECH TREE LANE LONGWOOD FL 32779 | | | | |
| 2 Dinahal I | Di(D | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, e | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | City & State | | 82-0561133 | 3 | Applied For Not Applicable |
| Zip | Country | . Zip | Country | | ficate of Status Desired | \$5.00 Ac | dditional |
| | 6. Name and Address of C | urrent Registered Agent | | 7. Name | and Address of New Reg | · | |
| IOC | EDHC CENE | | Nam | | | | |
| JOSEPHS, GENE 200 BEECH TREE LANE LONGWOOD FL 32779 | | المستقيل والمالي يتداعمه | Street Address | | s (P.O. Box Number is Not Acceptable) | | |
| | | | City | | | FL Zip Coo | de |
| 8. The above | e named entity submits this stater tions of registered agent. | ment for the purpose of char | nging its registered office | e or registered agent, o | or both, in the State of Florid | la. I am familiar with | , and accept |
| ine oungu. | Come X 100 000 | GENE NOTE | Spuz CE | ` Q | 2 | L 15/03 | |
| SIGNATURE . | Signature, typed registered name of registered | T T | (NOTE: Registered Agent sig | gnature required when reinstatir | ng) | DATE | |
| | | Fl Make Check | (NOTE: Registered Agent significant of the NOW!!! FEE IS Payable to Florida I Due By May 1, 2 | gnature required when reinstatin \$ \$50.00 Department of Stat | е | | |
| 9. | | Make Check MEMBERS/MANAGERS | (NOTE: Registered Agent significant signif | gnature required when reinstatir 6 \$50.00 Department of Stat 003 | | HANGES | |
| | | Fl Make Check | (NOTE: Registered Agent significant signif | gnature required when reinstatir \$ \$50.00 Department of Stat 003 | ADDITIONS/CH | HANGES Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | Make Check MEMBERS/MANAGERS | (NOTE: Registered Agent sit FILE NOW!!! FEE IS Payable to Florida I Due By May 1, 2: 10. ete TITLE NAME STREET ADDRES CITY-ST-ZIP ete TITLE NAME STREET ADDRES | Grature required when reinstating \$50.00 Department of State 1003 CENE 1005 LONGLOND LONGLOND ALCONOMICS SS 200 REEU LONGLOND | ADDITIONS/CHAPTER LAND DIFF 32799 ECH TEEE LAND ECH TEEE LAND | HANGES Change | Addition Addition |
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| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | | Make Check MEMBERS/MANAGERS Dele Dele | INOTE: Registered Agent significant in the control of the control | gnature required when reinstating \$50.00 Department of State 0003 MGRM GSN6 1008 200 BEEU LONGUM ALCHARDE | ADDITIONS/CHAPTER LAND DIFF 32799 ECH TEEE LAND ECH TEEE LAND | HANGES Change Change Change | Addition Addition |

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: