2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

05-08-2003 90080 018 ****50.00

DOCUMENT # L02000024498

1. Entity Name
DATA SYS, LLC

55056950

[redacted]

Principal Place of Business	Mailing Address
2298 NE 3RD WAY BOCA RATON FL 33431	2298 NE 3RD WAY BOCA RATON FL 33431

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6400 N. Andrews Ave	6400 N. Andrews
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. 250
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL.
Zip 33309 Country USA	Zip 33309 Country USA

4. FEI Number 11-3656112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, DUSTYE 2298 NE 3RD WAY BOCA RATON FL 33431	Name Dennis J. Szczech Street Address (P.O. Box Number is Not Acceptable) 710 N. Ocean Blvd Apt. 710 City Pompano Beach FL Zip Code 33062

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] 11/10/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, DANIEL E 2298 NE 3RD WAY BOCA RATON FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #