

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90010 017 \*\*\*\*55.00

**DOCUMENT # L02000025663**

1. Entity Name

Calls Unlimited, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6820 Southpoint Parkway

3. Mailing Address

6820 Southpoint Parkway

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

13-4214550

Applied For

Not Applicable

Zip  
32216

Country

United States

Zip  
32216

Country

United States

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent--

Name  
Debbie Hansen

Street Address (P.O. Box Number is Not Acceptable)

6820 Southpoint Parkway, #9

City Jacksonville

FL

Zip Code  
32216

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 title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Wunsh/Managing Member 6820 Southpoint Parkway, #9 Jacksonville, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

03/18/03 904 332-8810