

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90569 004 ****55.00

DOCUMENT # L02000027946

1. Entity Name

NSQUARE, LLC



Principal Place of Business

**321 N. KENTUCKY AVE. SUITE 9
LAKELAND FL 33801**

Mailing Address

**321 N. KENTUCKY AVE. SUITE 9
LAKELAND FL 33801**

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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1910 Harden Blvd. Suites

3. Mailing Address

P.O. Box 92536

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

City & State

Lakeland, FL

City & State

Lakeland, FL 33804

Zip

33803

Country

US

Zip

33804

Country

US

4. FEI Number

22-3877968

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TRITTON, ROB

**321 N. KENTUCKY AVE. SUITE 9
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

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

1910 Harden Blvd.

Suite 105

City

Lakeland

FL

Zip Code

33803

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.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

1-9-03

863-688-4505

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

Date

Daytime Phone #

CR2E083 (10/02)