

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90039 024 ****55.00

DOCUMENT # L02000029112

1. Entity Name

NETWORK SOLUTIONS GROUP OF FLORIDA, LLC



Principal Place of Business

**12819 SW 27TH STREET
MIRAMAR FL 33027**

Mailing Address

**12819 SW 27TH STREET
MIRAMAR FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0718867

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ISICOFF, RAGATZ & KOENIGSBERG, P.A.
1101 BRICKELL AVE., STE. 800, SOUTH TOWER
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

SONIA O. BENITEZ

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

BENITEZ & ASSOCIATES, P.A.

2000 PONCE DE LEON, 6th FLR

City

CORA Gables

FL

Zip Code

33134

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

Sonia O. Benitez, CPA

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DELGADO, RONNY**
STREET ADDRESS **12819 SW 27TH STREET**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **MGR** ☐ Delete
NAME **AVILA, JAIRO A**
STREET ADDRESS **9033 SW 123RD COURT, APT. 0-203**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

1/7/2003 (786) 393-8757
Date Daytime Phone #

CR2E083 (10/02)