

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -8 AM 10:25

DOCUMENT # L02000032659

1. Entity Name  
COMPUTER NETWORK SOLUTIONS OF FLORIDA, LLC



Principal Place of Business  
1575 SAN IGNACIO AVENUE, SUITE 400  
CORAL GABLES, FL 33146 US

Mailing Address  
1575 SAN IGNACIO AVENUE, SUITE 400  
CORAL GABLES, FL 33146 US

*JS*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
11-3665810

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

METSCH, BENJAMIN  
1455 N.W. 14TH STREET  
MIAMI, FL 33125

Name  
GREG DENES

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

14255 U.S. Highway One, Suite 243

City  
Juno Beach, FL

FL

Zip Code  
33408

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

12/2/04

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
CANTILLO, JULIAN  
1575 SAN IGNACIO AVENUE, STE. 400  
MIAMI, FL 33146 ☐ Delete

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

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

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

Date

Daytime Phone #

11/26/04 305 990-0443