

\* AMENDED \*

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032659

1. Entity Name  
**COMPUTER NETWORK SOLUTIONS OF FLORIDA,  
LLC**



FILED  
03 NOV 21 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

By



☐ CHECK HERE IF MAKING CHANGES

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

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
**METSCH, BENJAMIN  
1466 N.W. 14TH STREET  
MIAMI, FL 33126**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering) 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	<input checked="" type="checkbox"/> Delete
MGRM	ALONSO, ROBERT H	1575 SAN IGNACIO AVENUE, STE. 400	MIAMI, FL 33146	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGRM	CANTILLO, JULIAN	1575 SAN IGNACIO AVE., AVE. 400	CORAL GABLES, FL 33146	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

**AMENDED**  
**2003**  
**UBR**

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: Paul T. Trinley, Esq. Auth. Rep. 11/19/03 (561) 683-2484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)