

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90005-022 \$50.00-\$50.00

FILED

03 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032928

1. Entity Name
EMERALD COAST INTERNET SERVICE, LLC



Principal Place of Business
3482 SEMINOLE LANE
MARIANNA FL 32448

Mailing Address
1225 E. 11TH STREET.
ANDERSON IN 46012

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

13-4225326

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTER, HENRY
3482 SEMINOLE LANE
MARIANNA FL 32448

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER
NAME ROCKHILL, KEVIN J
STREET ADDRESS 201 LONGWOOD AVE.
CITY-ST-ZIP ANDERSON IN 46011 ☐ Delete

TITLE MEMBER
NAME ROCKHILL, ERVIN E
STREET ADDRESS 1225 E. 11TH STREET
CITY-ST-ZIP ANDERSON IN 46012 ☒ Delete

TITLE MEMBER
NAME GUNTER, HENRY
STREET ADDRESS 3482 SEMINOLE LANE
CITY-ST-ZIP MARIANNA FL 32448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MEMBER
NAME ROCKHILL, LOIS J.
STREET ADDRESS 1225 E. 11TH ST.
CITY-ST-ZIP ANDERSON, IN 46012 ☐ Change ☒ Addition

TITLE MEMBER
NAME EVAN FOSTER
STREET ADDRESS 4412 Lafayette St.
CITY-ST-ZIP Marianna, FL 32446 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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

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

9/22/03 (765) 617-5296
Date Daytime Phone #

CP25083 (4/03)