

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000015275

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** ORION TELECOMMUNICATIONS, LLC

**Current Principal Place of Business:**

1212 N. 39TH ST., STE. 408  
TAMPA, FL 33605

**New Principal Place of Business:**

7826 CAUSEWAY BLVD.  
STE. A  
TAMPA, FL 33619

**Current Mailing Address:**

1212 N. 39TH ST., STE. 408  
TAMPA, FL 33605

**New Mailing Address:**

7826 CAUSEWAY BLVD.  
STE. A  
TAMPA, FL 33619

**FEI Number:** 22-3901562      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WESLING, DONALD J  
1212 N. 39TH ST., STE. 408  
TAMPA, FL 33605    US

**Name and Address of New Registered Agent:**

WESLING, DONALD J  
7826 CAUSEWAY BLVD.  
STE. A  
TAMPA, FL 33619    US

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.

SIGNATURE: DONALD J. WESLING

10/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: WESLING, DONALD J  
Address: 7826 CAUSEWAY BLVD. STE. A  
City-St-Zip: TAMPA, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD J. WESLING

MGR

10/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date