## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: \_\_\_\_\_\_

## May 05, 2004 8:00 am Secretary of State DOCUMENT # L03000049774 05-05-2004 90004 041 \*\*\*\*55 00 1. Entity Name A COMMUNICATION VELOCITY OF SHIVER TILE LLC CONTROLLED 1. Entity Name ... Principal Place of Business Mailing Address 330 TEAL UNITAPT, DEA 11 SCORE 330 TEAL LN., APT. D TALLAHASSEE, FL 32308 230113 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 Chg-LLC CR2E083 (10/03) City & State City & State 4, FEI Number Applied For 530110496 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: JAMES DUCE SHIVER Street Address (P.O. Box Number is Not Acceptable) 330 TEAL LN., APT. D TALLAHASSEE, FL 32308 City Zip Code 8. The above named office and it is 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 egist OWNER SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM: ☐ Delete TITLE ☐ Change ☐ Addition JAMES DUCE SHIVER NAME NAME; .. STREET ADDRESS. 330 TEÁL LN., APT. D STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change - 🔲 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 appurate 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.

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

**FILED**