

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

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90238 043 \*\*\*\*50.00

DOCUMENT # **L04000026612**

1. Entity Name

**Integrated Research and Communications, LLC**



**DO NOT WRITE IN THIS SPACE**

**20024003**

2. Principal Place of Business

**3580 Pall Mall DR.**

3. Mailing Address

**11111-70 San Jose Blvd.**

Suite, Apt. #, etc.

**#2207**

Suite, Apt. #, etc.

**#304**

City & State

**Jacksonville FL**

City & State

**Jacksonville, FL**

Zip

**32257**

Country

**USA**

Zip

**32223**

Country

**USA**

4. FEI Number

**52-2322212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Linda E. Gelbin**

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

**3580 Pall Mall DR.**

**#2207**

City

**Jacksonville**

FL

Zip Code

**32257**

**DO NOT WRITE  
IN THIS SPACE**

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 a registered agent.

SIGNATURE

Signature, typed or printed name of register

Print and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Linda E. Gelbin  
3580 Pall Mall Dr., #2207  
Jacksonville, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

**Linda E. Gelbin**

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

**3/18/05**

Date

**904-742-6711**

Daytime Phone #

CR2E083B (12/02)