## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007011

TUSLA, OK 74145

Entity Name: C-CURE NETWORK SERVICES LLC

FILED Nov 02, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5103 SOUTH SHERIDAN RD. 5103 SOUTH SHERIDAN RD. SUITE 223

SUITE 223

TULSA, OK 74145

**Current Mailing Address: New Mailing Address:** 

5103 SOUTH SHERIDAN RD. 5103 SOUTH SHERIDAN RD.

SUITE 223 SUITE 223 TUSLA, OK 74145 TULSA, OK 74145

FEI Number: 34-2032272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GIOVELLI, NICK 955-A EAST ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 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: NICK GIOVELLI

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

BROSKY, BRENDAN BROSKY, BRENDAN Name: Name: Address: 1241 LEATHERWOOD DR. Address: 4330 S 440 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: PRYOR, OK 74361

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

Name: Name: BROSKY, MARYBETH Address: Address: 4330 S 440 City-St-Zip: City-St-Zip: PRYOR, OK 74361

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRENDAN BROSKY **MGRM** 11/02/2006