

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000103100

Entity Name: SLASH TELECOM, LLC

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

2652 WINDWOOD WAY
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

2652 WINDWOOD WAY
ROYAL PALM BEACH, FL 33411 US

Current Mailing Address:

2652 WINDWOOD WAY
ROYAL PALM BEACH, FL 33411

New Mailing Address:

2652 WINDWOOD WAY
ROYAL PALM BEACH, FL 33411 US

FEI Number: 20-5763646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FARINACCI, GLENN R
2275 SOUTH FEDERAL HIGHWAY
SUITE #130
DELRAY BEACH, FL 33411 US

Name and Address of New Registered Agent:

FARINACCI, GLENN R
1730 SOUTH FEDERAL HIGHWAY
SUITE #208
DELRAY BEACH, FL 33483 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: GLENN R FARINACCI

10/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMUELS, CALVIN
Address: 2652 WINDWOOD WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAMUELS, CALVIN
Address: 2652 WINDWOOD WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify 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: CALVIN SAMUELS

MGRM

10/27/2008

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