08/16/00 10:18 1 850 224 1640
08/16/2000 10:11 CCRS → 13055790717 NO.841 P03

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 17 AM 10:32

MJH

DOCUMENT # L95000000152

1. Entity Name

NETROX, LLC

Principal Place of Business
100 South Biscayne Blvd.
Suite 1201
Miami FL 33131

Mailing Address
(SAME)

2. Principal Place of Business
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Same as above
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number 65-0558387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Marcus, David
100 South Biscayne Blvd.
Suite 1201
Miami FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE ________ 08/16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / ADDRESS / CITY-ST-ZIP	
Manager Marcus, David 100 South Biscayne Blvd. Miami FL 33131 Suite 1201	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003368176-- -08/23/00--01021--008 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/99)

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: ________ 08/16/2000 (305) 374-3031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #
Marcus, David (Manager)