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| Subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED 99 MAR 12 PM 2: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000689 SPEEDYIP INTERNET SERVICES, LLC 12444 OLD COUNTRY ROAD WELLINGTON FL 33414 | | 1a. Principal Place of Business Address 12444 OLD COUNTRY ROAD WELLINGTON FL 33414 | | | |
| 2. Principal Place of Business 958 S. Military Tr Suite, Apt. #, etc. #1604 City & State West Palm Beach FL Zip 33415 Country USA | | 2a. Mailing Address 958 S. Military Tr Suite, Apt. #, etc. #1604 City & State West Palm Beach FL Zip 33415 Country USA | | 3. Date Organized or Qualified 05/26/1998 3a. State of Formation FL 4. FEI Number 65-0842335 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent MERGO, MARK A 12444 OLD COUNTRY ROAD WELLINGTON FL 33414 | | 8. Name and Address of New Registered Agent/Office Name John August Street Address (P.O. Box Number is Not Acceptable) 1122 B Summit Trail Cir Suite, Apt. #, etc. City West Palm Beach FL Zip Code 33415 | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE John August DATE _____ <small>(Registered Agent Accepting Appointment) (COPIED Registered Agent Signature Required when not filed first)</small> | | | | | |
| 10. Title Managing Members/Managers | | Business Street Address | | City, State and Zip Code | |
| MGRM AUGUST, JOHN | | 958 S. MILITARY TRAIL, SUI | | WEST PALM BEACH FL | |
| MGRM MERGO, MARK A | | 12444 OLD COUNTRY ROAD | | WELLINGTON FL | |
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| 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: John August <small>SIGNATURE AND TITLE REQUIRED FOR FILING OF STATE ORGANIZATION DOCUMENTS FILED</small> | | | | | |

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