

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90094 034 ****50.00

DOCUMENT # L99000003581

1. Entity Name

INSYNC COMMUNICATIONS, L.L.C.

Principal Place of Business

**2445 RIVERTREE CIRCLE
SANFORD FL 32771-8334**

Mailing Address

**2445 RIVERTREE CIRCLE
SANFORD FL 32771-8334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586002

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLELLAN, DENNIS N
2445 RIVERTREE CIRCLE
SANFORD FL 32771-8334**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MCCLELLAN, DENNIS N	
STREET ADDRESS	2445 RIVER TREE CIRCLE	
CITY-ST-ZIP	SANFORD FL 32771-8334	

TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	ROBERT VOOGT	
STREET ADDRESS	1313 KING FISHER CT.	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Date

Daytime Phone #

2-27-02**407-688-1156****B0042367**

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)