2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000008773

1. Entity Name
RY-NO NETWORK SERVICES, L.L.C.

Principal Place of Business	Mailing Address
2879 BRIDLEWOOD DR.	2879 BRIDLEWOOD DR.
PALM HARBOR FL	PALM HARBOR FL
34683	34683

2. Principal Place of Business	3. Mailing Address
2879 BRIDLEWOOD DR.	2879 BRIDLEWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR FL	City & State: PALM HARBOR FL
Zip: 34683 / Country: US	Zip: 34683 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3613236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORMINGTON WILLIAM M
2879 BRIDLEWOOD DR.
PALM HARBOR FL
34683 US

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 WM. M. NORMINGTON 03/08/2000
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NANCY BLETZ MMANAGER 63 AMOSTOWN RD WEST SPRINGFIELD MA 01089 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NORMINGTON WILLIAM MMANAGER 2879 BRIDLEWOOD DR. PALM HARBOR FL 34683 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 WM. M. NORMINGTON PRES 03/08/2000