

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90046 033 ****55.00

DOCUMENT # M01000000794

1. Entity Name
ACCXX COMMUNICATIONS, LLC



Principal Place of Business

100 S. ASHLEY DR., STE 870
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DR., STE 870
TAMPA FL 33602

20007117



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4035 TAMPA ROAD

3. Mailing Address

4035 TAMPA ROAD

Suite, Apt. #, etc.

SUITE 6000

Suite, Apt. #, etc.

SUITE 6000

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

Zip

34677

Country

4. FEI Number **59-3699529**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR DORSETT, STEPHEN M**
STREET ADDRESS **100 S ASHLEY SUITE 870**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
NAME **4035 TAMPA ROAD, SUITE 6000**
STREET ADDRESS **OLDSMAR, FL 34677**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR CONWAY, MICHAEL**
STREET ADDRESS **100 S ASHLEY SUITE 870**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
NAME **4035 TAMPA ROAD, SUITE 6000**
STREET ADDRESS **OLDSMAR, FL 34677**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **JAMES ANDERSON**
CITY-ST-ZIP **4035 TAMPA ROAD, SUITE 6000**

TITLE ☐ Change ☒ Addition
NAME **OLDSMAR, FL 34677**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

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

1-10-03

866-429-0808

Date Daytime Phone #

CR2E083 (10/02)