

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92180 024 ****50.00

0039713

DOCUMENT # MO1000002355

1. Entity Name

CAPROCK GLOBAL, LLC



Principal Place of Business

**THE SUNTRUST BANK BLDG., STE. 500
801 LAUREL OAK DR.
NAPLES FL 34108-2748**

Mailing Address

**THE SUNTRUST BANK BLDG., STE. 500
801 LAUREL OAK DR.
NAPLES FL 34108-2748**

2. Principal Place of Business

2640 GOLDEN GATE PARKWAY

Suite, Apt. #, etc.

205

City & State

NAPLES, FLORIDA

Zip

34105

Country

USA

3. Mailing Address

2640 GOLDEN GATE PARKWAY

Suite, Apt. #, etc.

205

City & State

NAPLES, FLORIDA

Zip

34105

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3750148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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. 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

TITLE **MGRM** ☐ Delete
NAME **HEDGES, JAMES R IV**
STREET ADDRESS **THE SUNTRUST BANK BLDG., STE. 500**
CITY-ST-ZIP **NAPLES FL 34108-2748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **JAMES R. HEDGES, IV**
STREET ADDRESS **2640 GOLDEN GATE PARKWAY, STE. 205**
CITY-ST-ZIP **NAPLES, FLORIDA 34105**

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

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

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

TITLE ☐ Change ☐ Addition
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:

WILLIS W. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/12/2003

239-403-3030

Date

Daytime Phone #

CR2E083 (10/02)