

FILED

03 APR 16 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0100002416

1. Entity Name
RESORT NETWORK SERVICES LLCPrincipal Place of Business
484 SW BORLAND ROAD
WEST LINN, OR 97068Mailing Address
484 SW BORLAND ROAD
WEST LINN, OR 97068

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
93-1320199Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
626 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's signature required when replacing)

DATE

FILE NOW!!! FEB 16 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARRELL, PETER
484 SW BORLAND ROAD
WEST LINN, OR 97068 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OSWALD, CLAYTON T
484 SW BORLAND ROAD
WEST LINN, OR 97068 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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 808, Florida Statutes.

SIGNATURE: *Clayton Oswald*

Clayton Oswald

503-924-3344

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

Date

Daytime Phone #

CR2E083 (1/02)



April 11, 2003
Via Overnight Delivery

210 N. Park Ave.
Winter Park, FL
32789

Annual Report Filing
Florida Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

P.O. Drawer 200
Winter Park, FL
32790-0200

RE: Resort Network Services LLC
FL Uniform Business Report (UBR)

Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

Dear Sir or Madam:

Enclosed please find the FL Uniform Business Report (UBR), filed on behalf of Resort Network Services LLC. A check in the amount of \$50.00 is enclosed to cover the remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Elizabeth A. Corddry
Compliance Reporting Consultant

cc: Jessica Williams - Resort Network Services LLC
file: Resort Network Services LLC - SOS - Florida



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