2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MO20000536



FILED Feb 24, 2003 8:00 am Secretary of State

APPGE	Name IN TECHNOLOGIES, LLC	•		02-24-2003 90049 049 ****50.00
,	Place of Business	Mailing Address	COD WE I	
2303 NEWBURY DRIVE WELLINGTON FL 33414		2303 NEWBURY DRIVE WELLINGTON FL 33414		
2. Principa	al Place of Business	3. Mailing Address		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES
	6. Name and Address of Curre	ent Registered Agent	,	5. Certificate of Status Desired
Si	· · · · · · · · · · · · · · · · · · ·		Name	7. Name and Address of New Registered Agent
SINGER, MICHAEL S ESQ 3801 PGA BLVD. SUITE 802			Street Addr	ress (P.O. Box Number is Not Acceptable)
	ALM BEACH GARDENS FL 33410			
			City	FL Zip Code
The above the obligation	e named entity submits this statement ations of registered agent	t for the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE				The second with and account
	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent signature re	offlind when winds to
				Equiled Writer (Binstating)
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	MANAGING MEME	Make Check Payab	OW!!! FEE IS \$50. ple to Florida Depart	.00 tment of State
ITLE	MGRM	Make Check Payab Du	OW!!! FEE IS \$50. ble to Florida Depart se By May 1, 2003	.00 tment of State ADDITIONS/CHANGES
TLE AME	MGRM WADE, FRED	Make Check Payab Du BERS/MANAGERS	IOW!!! FEE IS \$50. Die to Florida Depart Be By May 1, 2003 10. TITLE NAME	.00 tment of State
ITLE AME TREET ADORESS	MGRM WADE, FRED 2303 NEWBURY DRIVE	Make Check Payab Du BERS/MANAGERS	IOW!!! FEE IS \$50. Die to Florida Depart Be By May 1, 2003 10. TITLE NAME STREET ADDRESS	.00 tment of State ADDITIONS/CHANGES
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11 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.

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ATHORIZED REPRESENTATIVE