

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90148 017 ****50.00

DOCUMENT # M03000004139

1. Entity Name

LIGHTYEAR NETWORK SOLUTIONS, LLC



Principal Place of Business

201 E MAIN ST, STE 1000
LEXINGTON KY 40507

Mailing Address

201 E MAIN ST, STE 1000
LEXINGTON KY 40507

2. Principal Place of Business

1901 Eastpoint Pkwy
Suite, Apt. #, etc.

3. Mailing Address

1901 Eastpoint Pkwy
Suite, Apt. #, etc.

City & State

Louisville, KY
Zip 40223 Country USA

City & State

Louisville KY
Zip 40223 Country USA

4. FEI Number

38-3693425

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 September 8, 2004

MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RICE, W. BRENT	
STREET ADDRESS	201 E MAIN ST, STE 1000	
CITY-ST-ZIP	LEXINGTON KY 40507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rice, W. Brent	
STREET ADDRESS	1901 Eastpoint Pkwy	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henderson, J. Sherman	
STREET ADDRESS	1901 Eastpoint Pkwy	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sullivan, Chris	
STREET ADDRESS	1901 Eastpoint Pkwy	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dees, Rick	
STREET ADDRESS	1901 Eastpoint Pkwy	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmicle, Ronald	
STREET ADDRESS	1901 Eastpoint Pkwy	
CITY-ST-ZIP	Louisville, KY 40223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

7/27/04 502-244-6666

Date

Daytime Phone #