

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004222

1. Entity Name
SWITCH AND DATA COMMUNICATIONS LLC



Principal Place of Business
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607

Mailing Address
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607



02152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2414044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
OLSEN, KEITH
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
POLLOCK, GEORGE A JR
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
MYNARD, CLAYTON
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SHEIL, P.J.
1715 N. WESTSHORE BLVD., STE. 650
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000244718
02/26/05-80033-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Clayton Mynard CLAYTON MYNARD, AUTH. REP. 2/23/05 (813) 207-7700