

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 27 AM 8:43

4/29

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** M96000000212

ENSTENT, LLC  
P.O. BOX 37389  
CHARLOTTE NC 28237-7389

1a. Principal Place of Business Address

P.O. BOX 37389  
CHARLOTTE NC 28237

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06/17/1996

TN

City & State

City & State

4. FEI Number

56-1932639

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

03/21/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SKOKOS, PETER Z  
1819 MAIN STREET, SUITE 1100  
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

200002515722-1

Suite, Apt. #, etc.

05/07/98 01093 013

\*\*\*\*197.50 \*\*\*\*197.50

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM HAMMONS, THOMAS L

401 EAST BLVD., STE 210

CHARLOTTE NC

MGRM HAMMONS, NICOLE C

401 EAST BLVD., STE 210

CHARLOTTE NC

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Mark C. Hammons*

4-01-98

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #