FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



<i>#</i>	199			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			97 FEB 21 AM II: 16				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMENT #6060000000000000000000000000000000000							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT #M96000000488							IAL	LAMASSEE, I	LUNIDA		
TEI:LADATA COMMUNICATIONS, LLC 13441 SOUTH BEI:CHER ROAD LARGO FL 33771 If above making address is incorrect in any way, line through incorrect information and enter correction in Bir							1a. Principal Place of Business Address 13441 SOUTH BELCHER ROAD LARGO FL 33771				
2 Principal Place of Business			2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation				
Suite, Apt #, etc.			Suite, Apt. #, etc.				1.2/10/1996 NJ 4. FEI Number				
City & State			City & State				22-34049	2-3404977 Not Applice			
Zip		Country	Zip		Count	'y	5. Date of Las	t Report	6. Certific	ate of Status Desi	red
			,				12/31/	196	SB 75 Addi	tional Fee Required	
	7. Nam	e and Address of Current	Registered	Agent		Name	Name and Address of New Registered Agent				
9. Pursua its registe as registe	red office or re ered agent, and	isions of Sections 608.416 gistered agent, or both, in the d accept the obligations.					d liability company ative vote of a majo	ority of the member	rs. I hereby a	e purpose of chan ccept the appoints	
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required								DATE			
10. Title	tie Managing Members/Managers		Busines			ss Street Address	i 	City	City, State and Zip Code		
					1 ULMERTON ROAD, APT. PORTS MOUTH DRIVE			2 LARGO FL OLD BRIDGE NJ			
							30			023 1001011 ****203.	-0 75
									().W	an H197	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
indicated (on this annual	at the information supplied w report is true and accurate a or the receiver or trustee er	and that my s	ignature shall t	have the	same legal effect a	ıs if made under o	ath; that i am a ma	naging merr	nber or manager of	f the