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2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: -dissolved, if dissolved, minimum amount due to reinstate: \$688.75

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 JUL 29 AM 8: 57 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000230 1a. Principal Place of Business Address ONEPOINT COMMUNICATIONS, LLC 2201 WAUKEGAN ROAD, SUITE E-abo 2201 WAUKEGAN ROAD, SUITE E-200 BANNOCKBURN IL 60015 BANNOCKBURN IL 60015 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Pace of Business 2a. Mailing Address 04/29/1997 4. FEI Number Suite, Apt. #, otc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 36-4066501 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country SB 75 Addit shall be Regoired 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sulte, Apt. #, etc. City 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 provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the provision of Sections 608.416 and 608.508, Florida Statutes, the submits of Sections 608.416 and 608.508, Florida Statutes, the submits of Sections 608.416 and 608.508, Florida Statutes, for the submits of Sections 608.416 and 608.508, Florida Statutes, for the submits of Sections 608.618 and 608.508 and 60 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 DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title 2201 WAUKEGAN ROAD, SUITE BANNOCKBURN IL OTTERBECK, JAMES A MGR 2201 Waukeganed Suite E-200 Bannockburn, 12 mck stanne, Diguido 40015 **80**000260**3**368--0 ****588.75 ****588.75

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.

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

SIGNATURE

NATURE AND TYPE DESCRIPTING NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-28-18

Daylime Phone #