2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M 98000000241 1. Entity Name US COMMUNICATIONS - CONSTRUCTION; L.L.C.
6835 MEADOWRIDE CONSTRUCTION; L.L.C.
AIPHARETTH GA. 30005

Principal Place of Business

Mailing Address 00 FEB 29 PH 12: 09 6835 MEA downIdGE COURT AIPHARETTA, GA. 30005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 2201653 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CI CORPORATION SYSTEM 1200 South PINE ISLAND KOAD Street Address (P.O. Box Number is Not Acceptable) PlANTATION, Fl. 33324 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title d'applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES MLKM TITLE TITI F ; Delete Change Addition JOHN F. RAGUSIN NAME NAME STREET ADDRESS 5239 BRIDGEWATER DRIVE STREET ADDRESS 319/00 CITY-ST-ZIP ACWORTH GA 30101 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition 500003169795--1 -03/14/00--01118--002 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>***</u>**55.00 TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIE TITLE ! Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP / CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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 tam a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. RINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE