

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT**

M 99000000 300

DOCUMENT # **M 99000000 300**

1. Entity Name

The Free Network LLC

9/28/01

FILED

02 OCT 15 PM 12:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900008385419--1

-10/15/02--01080--003

*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1607 E Big Beaver

Suite, Apt. #, etc.

#201

City & State

Troy, MI

Zip

48083

Country

USA

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3360921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NRAI Services

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

526 E Park Ave

City

Tallahassee

FL

Zip Code

32302

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 if applicable.

9-12-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
Vitaliano Terracciano
1607 E Big Beaver Ste 201
Troy MI 48083**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**COO
Tara Luzod
1607 E Big Beaver Ste 201
Troy MI 48083**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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REINSTATEMENT 2001-2002

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-12-02

Date

948-526-1000

Daytime Phone #

CR2E083B (12/01)