

FILED

Aug 20, 2003 8:00 am
Secretary of State

08-04-2003 90141 008 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000039234

1. Entity Name

LLA COMMUNICATIONS, INC.



Principal Place of Business

200 S. BANANA RIVER BLVD., #270
COCOA BEACH FL 32931

Mailing Address

200 S. BANANA RIVER BLVD., #270
COCOA BEACH FL 32931

33034300

2. Principal Place of Business

200 S. BANANA RIVER BLVD.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Cocoa Beach, FL

City & State

City & State

4. FEI Number

59-3385250

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELO, LINDA L

200 S. BANANA RIVER BLVD., #270
COCOA BEACH FL 32931

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LINDA L. ANGELO, President

7/31/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGELO, LINDA L	
STREET ADDRESS	6787 N. WICKHAM ROAD, SUITE 400	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	ANGELO, LINDA L	<input type="checkbox"/> Delete
NAME	ANGELO, LINDA L	
STREET ADDRESS	200 S. BANANA RIVER BLVD #270	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LINDA L. ANGELO, President 7/31/03 (321) 868-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)