

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023226

FILED  
May 02, 2007  
Secretary of State

Entity Name: BOCAVOX, LLC

**Current Principal Place of Business:**

345 ALEXANDRA CIRCLE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

345 ALEXANDRA CIRCLE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 51-0475190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SABAT, JOSE H  
345 ALEXANDRA CIRCLE  
WESTON, FL 33326      US

**Name and Address of New Registered Agent:**

SABAT, SUE D  
345 ALEXANDRA CIRCLE  
WESTON, FL 33326      US

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: SUE D. SABAT

05/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SABAT, JOSE H  
Address: 345 ALEXANDRA CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: DISEKER SABAT, SUE  
Address: 345 ALEXANDRA CIRCLE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUE D. SABAT

CEO

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date