

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

ENTERED APR 09 2007

DOCUMENT # M04000000759

1. Entity Name
ADAPT TELEPHONY SERVICES, LLC



Principal Place of Business
**1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

Mailing Address
**1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

DO NOT WRITE IN THIS SPACE

04092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4197054

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent, and title of applicant

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZBIKOWSKI, BRETT
1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HOLDAMPF, BRIAN
1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GOODMAN, JOHN
1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILIO, ANTHONY
1404 W. DICKENS AVENUE
CHICAGO, IL 60614**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000710156
04/25/07-80032-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Goodman

Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/12/2007 (773) 634-2020

Date

Daytime Phone #