

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120301

**Entity Name:** HUB TELECOM SERVICES LLC

**Current Principal Place of Business:**

1860 N PINE ISLAND RD.  
SUITE 109  
PLANTATION, FL 33322

**Current Mailing Address:**

1860 N PINE ISLAND RD  
SUITE # 109  
PLANTATION , FL 33322 US

**FEI Number:** 27-3999797

**Certificate of Status Desired:** No

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

ISABEL, ISIS  
1860 N PINE ISLAND  
SUITE 109  
PLANTATION, FL 33322 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name RHODE, ALEJANDRO J  
Address 11554 CHATEAUBRIAND AVENUE  
City-State-Zip: ORLANDO FL 32836

Title MGRM  
Name LORINI SOFFIA, FRANK A  
Address 11554 CHATEAUBRIAND AVENUE  
City-State-Zip: ORLANDO FL 32836

Title MGRM  
Name LORINI SOFFIA, FABRIZIO G  
Address 11554 CHATEAUBRIAND AVENUE  
City-State-Zip: ORLANDO FL 32836

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRO RHODE

MGR

09/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date