

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90184 041 *****50.00

DOCUMENT # L02000026544

1. Entity Name

COMMERCIAL VOICE & DATA, LIMITED LIABILITY
COMPANY



Principal Place of Business

Mailing Address

1741 COLONIAL BLVD
FT. MYERS FL 33907
US

P O BOX 60244
FT. MYERS FL 33906
US



2. Principal Place of Business - No P.O. Box #

16387 SoTAMiami TRa

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E+5

City & State

City & State

FT. MYERS, FL

Zip

Country

Zip

Country

33908

Lee

1st MOORE

CR2E083 (10/06)

4. FEI Number

06-1658448

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAREY, PATRICK J

1741 COLONIAL BLVD

FT. MYERS FL 33907

16387 SoTAMiami

TRAIL, Suite E+5

FT. MYERS, FL 33908

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

Patrick J Carey MM

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COREY, PATRICK J
1741 COLONIAL BLVD
FORT MYERS FL 33907
NAME CORRECTION

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CAREY, PATRICK J
16387 SoTAMiami TR # E-5
FT. MYERS, FL 33908
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

Patrick J Carey MM

1-26-07 239-939-0059

ATTACHMENT

100016210

LC20000026544

COMMERCIAL VOICE & DATA, LLC
d/b/a COMMERCIAL TELEPHONE SYSTEMS
(Physical address)
16387 S. TAMiami TRAIL, SUITE E-5
FT. MYERS, FL. 33908
(Mailing address)
P O BOX 60244, FT. MYERS, FL. 33906

FT. MYERS 239-939-0059

FAX 239-939-5385

TO: FLORIDA DEPT. of REVENUE

FROM PATRICK CAREY CVOICEDATA@AOL.COM

1-26-07

RENEWAL

DATE _____ SUBJECT _____