

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018365

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: NO CALL STRATEGIES, LLC

**Current Principal Place of Business:**

4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 56-2359688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILKERSON, W. GREGORY  
4150 NORTH ARMENIA AVENUE, STE. 200  
TAMPA, FL 33607 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MMPS ( ) Delete  
Name: VON THRON, JAMES C MD  
Address: 4150 NORTH ARMENIA AVENUE, STE. 200  
City-St-Zip: TAMPA, FL 33607

Title: MMV ( ) Delete  
Name: GONES, GALEN B MD  
Address: 4150 NORTH ARMENIA AVENUE, STE. 200  
City-St-Zip: TAMPA, FL 33607

Title: MMV ( ) Delete  
Name: WILKERSON, W. GREGORY MD  
Address: 4150 NORTH ARMENIA AVENUE, STE. 200  
City-St-Zip: TAMPA, FL 33607

Title: MMT ( ) Delete  
Name: NEWTON, WILLIAM A MD  
Address: 4150 NORTH ARMENIA AVENUE, STE. 200  
City-St-Zip: TAMPA, FL 33607

Title: MMV ( ) Delete  
Name: GREENBERG, STEVEN MD  
Address: 4150 NORTH ARMENIA AVENUE, STE. 200  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

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

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

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

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: JAMES C. VON THRON, MD

MMPS

02/05/2009

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