

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018365

FILED
Jan 07, 2011
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
Name: VON THRON, JAMES C MD
Address: 4150 NORTH ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33607

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

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

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

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

I hereby 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: GALEN B. JONES

MMV

01/07/2011

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