## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000041063

1. Entity Name

LEXITEL COMMUNICATIONS, LLC



Principal Place of Business

Mailing Address

5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH, FL 33417 5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH, FL 33417 FILED Apr 07, 2008 08:00 Al Secretary of State



03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	
20-0363236	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

GERSON, MARSHA 5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH, FL 33417 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000985378 04/18/08-80011-015 138,75

9.	MANAGING MEMBERS/MANAGERS	<b>"我们的特殊的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, MARSHA 5849 OKEECHOBEE BLVD STE 201 WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE Name Street address City - St- Zip		
TITLE NAME Street adoress City-St-Zip		

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: Masky Seison Marsha Gerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/08 561-47+1864
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