

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90104 022 *****55.00

DOCUMENT # L03000042940

1. Entity Name

ATP TELECOMMUNICATON SERVICES, LLC



Principal Place of Business

9516 GALAXIE CIRCLE
PORT CHARLOTTE FL 33981

Mailing Address

P.O. BOX 3427
PLACIDA FL 33946

2. Principal Place of Business

9516 Galaxie Circle

3. Mailing Address

9516 Galaxie Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

4. FEI Number

200395464

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

NA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME POWELL, ALFRED T
STREET ADDRESS 9516 GALAXIE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE MGR ☐ Delete
NAME POWELL, KIMBERLY C
STREET ADDRESS 9516 GALAXIE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE S ☐ Delete
NAME POWELL, KIMBERLY C
STREET ADDRESS 9516 GALAXIE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE T ☐ Delete
NAME POWELL, ALFRED T
STREET ADDRESS 9516 GALAXIE CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alfred Thomas Powell JR. Alfred Thomas Powell Feb 2, 2004 941-828-8838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

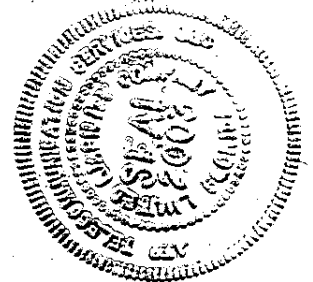
Attachment
24009584

Nov. 3, 2003

ATP TELECOMMUNICATION SERVICES, LLC
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IN WITNESS WHEREOF, The undersigned, an authorized representative of the members, has made and subscribed these Articles of Organization at Coral Gables, Florida, for the foregoing uses and purposes, this November 5, 2003.



Elsie Sanchez, Authorized Representative of the Members

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

Spiegel & Utrera, P.A., having a business office identical with the registered office of the Company name above, and having been designated as the Registered Agent in the above and foregoing Articles of Organization, is familiar with and accepts the obligations of the position of Registered Agent under Section 608.4155, Florida Statutes and other applicable Florida Statutes.

Spiegel & Utrera, P.A.

By:

Natalia Utrera, Vice President



SPIEGEL & UTRERA, P.A.

LAWYERS

www.amerilawyer.com

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700
MAILING ADDRESS - POST OFFICE BOX 450605. MIAMI, FL 33245-0605