

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90154 020 *****55.00

DOCUMENT # L03000042940

1. Entity Name

ATP TELECOMMUNICATON SERVICES, LLC



Principal Place of Business

9516 GALAXIE CIRCLE
PORT CHARLOTTE FL 33981

Mailing Address

9516 GALAXIE CIRCLE
PORT CHARLOTTE FL 33981

2. Principal Place of Business

9516 Galaxie Circle

3. Mailing Address

9516 Galaxie Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

4. FEI Number

20-0395464

Applied For

Not Applicable

Zip

33981

Country

Charlotte

Zip

33981

Country

Charlotte

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, 2005

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
NAME
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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 Jr. 1-29-05 941-828-8838

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

Date

Daytime Phone #