

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Rec'd on 2-20-07

FILED

Feb 26, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0395464

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

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, 2007

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alfred Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb. 21, 2007 941-828-8838
Date Daytime Phone #