## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT	#	L03000042940
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1. Entity Name

ATP TELECOMMUNICATON SERVICES, LLC



							<b>'</b>						
Principal Pla	ce of Businoss	<u> </u>		Mailing Address			_						
9516 GALAXIE CIRCLE			9516 GALAXIE CIRCLE										
PORT CHA	ARLOTTE FL :	33981		PORT CHARLOTTE FL 33981									
2. Principal f	Place of Busin	ess - No P.O. Box #	3	I. Mailing Address									
Suite, Apt	l. #, elc.	<del></del>		Suite, Apt. #, etc.					0.00	<b>-</b>	(40 (00)		
cono, ripe in cic.		_   _	Suite, 145t. 17, Old.				1st MOORE	CH2	E083	(10/06)			
City & State				City & State			4. FEI Nur	mbor 20-03954			<u> </u>	plied For	
Zip Country			+	Zip Country				20-03934				t Applicable	
Country				2.15	·u y	5. Cortifica	ate of Status Dosired	▶		5.00 Add ee Required			
	6. Name	and Address of Current	Reg	istered Agent			7. Name a	and Address of New	Regist	ered Ag	jent		
CDI		TDEDA DA				Name							
184	40 SW 221	ITRERA, P.A. ND ST.				Street Address (P.O. Box Number is Not Acceptable)							
	H FLOOR AMI FL 33°	145				ļ	•						
						City				FL	Zıp Code	0	
8. The above	namod entity	submits this statement for	or the	purpose of changing its	registor	ed office or regis	stored agent, or	both, in the State of F	lorida.	I am fai	.l miliar with,	and accept	
the obliga	tions of registe	ered agent.											
SIGNATURE	Signature typed o	ir printed hame of registered agent	and lit	le il annincable. (NOTE	Registare	d Ageni signalure requ	wad when reinstelland	1		DATE	<del></del>		
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				Make Check Payabl		FEE IS \$50.00							
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9.	_	MANAGING MEMBE	RS/	MANAGERS	10.			ADDITIONS	CHAN		<del></del>		
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11. I horeby cartify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 eath; 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: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGED AND THE SIGNING MEMBER A

Feb. 21, 2007 941-838-8831