2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029775

1. Entity Name

TERMINATOR COMMUNICATIONS, LLC



FILED Apr 10, 2007 08:00 AM Secretary of State

Principal Place of Business

3415 BARTON ROAD POMPANO BEACH, FL 33327 Mailing Address

3415 BARTON ROAD POMPANO BEACH, FL 33327



DO NOT WRITE IN THIS SPACE

04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, JAMES 3415 BARTON ROAD POMPANO BEACH, FL 33327

DO NOT WRITE IN THIS SPACE

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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
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	Р	· ·
NAME	ESPOSITO, JAMES	
STREET ADDRESS	3415 BARTON ROAD	Linguign Control !
CITY-ST-ZIP	POMPANO BEACH, FL 33062	U00000698333
TITLE NAME STREET ADDRESS CITY-ST-ZIP))
TITLE		· · · · · · · · · · · · · · · · · · ·
NAME		1
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CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THE OPAGE!
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

4-5-07

GCU GU2-194

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