

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000032851

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA TELECOM SOLUTIONS, LLC

**Current Principal Place of Business:**

904 HARBOUR BAY DR.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 172055  
TAMPA, FL 33672

**New Mailing Address:**

**FEI Number:** 20-1087046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIVARD, FRANCIS J  
904 HARBOUR BAY DR  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLDBROOKS, PHILIP L  
Address: 435 WATERFORD DR  
City-St-Zip: CARTERSVILLE, GA 30120 US

Title: MGR  
Name: SIVARD, FRANCIS J  
Address: 904 HARBOUR BAY DRIVE  
City-St-Zip: TAMPA, FL 33602 US

Title: MGR  
Name: HAGER, MARLEN J  
Address: 7161 DREWRY'S BLUFF  
City-St-Zip: BRADENTON, FL 34203 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCIS F SIVARD

MGR

01/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date