2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L04000090606

Entity Name: 24/7 COMMUNICATION SERVICES, LLC

Current Principal Place of Business:

14001 63RD WAY NORTH
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14001 63RD WAY NORTH
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-2137971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUTICH, GEORGE
14001 63RD WAY NORTH
CLEARWATER, FL 33760 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: MGRM ( ) Delete
Name: NICHOLSON, JAMES L
Address: 2300 TALL PINES DR., SUITE 126
City-St-Zip: LARGO, FL 33771

Title: MGRM ( ) Delete
Name: LUTICH, GEORGE
Address: 14001 63RD WAY NORTH
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete
Name: OLSON, ERIK
Address: 14001 63RD WAY NORTH
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LUTICH, SHERI L
Address: 14001 63RD WAY NORTH
City-St-Zip: CLEARWATER, FL 33760 36

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGE L LUTICH MGR 04/26/2009

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