

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004429

Entity Name: FONE ME, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

10490 GANDY BLVD.
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

10490 GANDY BLVD.
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 30-0293785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S. BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BEN J. HAYES, P.A.
6161 DR. MARTIN LUTHER KING JR. STREET N
205
ST. PETERSBURG, FL 33703 US

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: BEN J. HAYES

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HLAS, STEPHEN P
Address: 10490 GANDY BLVD.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: P () Delete
Name: ZIMMERMAN, JERRY
Address: 10490 GANDY BLVD.
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ST () Delete
Name: HLAS, ADAM
Address: 10490 GANDY BLVD.
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

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

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: STEPHEN P. HLAS

MGR

03/31/2009

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