## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## **FILED** Apr 21, 2008 08:00 All Secretary of State DOCUMENT # L05000009010 1. Entity Name EMPIRE VOICE SYSTEMS, LLC Principal Place of Business Mailing Address 14001 63RD WAY N. 14001 63RD WAY N. CLEARWATER FL 33760 CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite. Apt. #, etc 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 20-2238534 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUTICH, GEORGE Street Address (P.O. Box Number is Not Acceptable) 14001 63RD WAY N. **CLEARWATER FL 33760** City Zip Code 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 rog steroid agent and title if dop issued (NOTE, Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 U00000910908 After May 1, 2008, Fee Will Be \$538.75 05/07/08-80018-018 138.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Change ☐ Addition ☐ Delete NAME LUTICH, GEORGE NAME STREET ADDRESS 14001 63RD WAY N. STREET ADDRESS CHY-ST-ZIP CITY-\$T-ZIP CLEARWATER FL 33760 TOTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 11.414 STREET ADDRESS STREET AUDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing of es not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accused and that my spiral tree indicated in the report is true and accused and that my spiral have the same legal effect as if niade under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-08