

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90126 020 \*\*\*138.75

**DOCUMENT # L05000050009**

1. Entity Name  
**ADVANCED COMMUNICATIONS, L.L.C.**



Principal Place of Business  
**4532 W. KENNEDY BLVD.  
SUITE 277  
TAMPA, FL 33609**

Mailing Address  
**4532 W. KENNEDY BLVD.  
SUITE 277  
TAMPA, FL 33609**

**60027551**



2. Principal Place of Business - No P.O. Box #  
**405 S. DALE MABRY HWY.**

3. Mailing Address  
**405 S. DALE MABRY HWY.**

Suite, Apt. #, etc.  
**Ste. 325**

Suite, Apt. #, etc.  
**Ste. 325**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33609**

Country  
**USA**

Zip  
**33609**

Country  
**USA**

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5015289**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRANGAN, PATRICK  
4532 W KENNEDY BLVD  
SUITE 277  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name  
**BRANGAN, PATRICK J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3207 MARCELLUS CIR.**

City  
**TAMPA** FL Zip Code  
**33609**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRANGAN, PATRICK J  
4532 W. KENNEDY BLVD.; SUITE 277  
TAMPA, FL 33609** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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

*[Signature]*

**PATRICK J. BRANGAN**

**4/21/08**

**813-805-896**