

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050521

**FILED  
Jan 31, 2008  
Secretary of State**

**Entity Name:** LEGALLY CONNECTED NETWORKING SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

422 S. FLORIDA AVENUE  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 756  
WAUCHULA, FL 33873

**New Mailing Address:**

**FEI Number:** 26-0116319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATARINI, VAL R  
208 WEST PALMETTO AVENUE  
WAUCHULA, FL 33873      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: ATKINSON-JONES, DAWN M  
Address: P.O. BOX 756  
City-St-Zip: WAUCHULA, FL 33873

**ADDITIONS/CHANGES:**

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: DAWN M. ATKINSON-JONES      MGRM      01/31/2008

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