2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# L05000085009

Entity Name: BEST2CALL LLC

Current Principal Place of Business:

303 S PARSONS AVE
BRANDON, FL 33511 US

New Principal Place of Business:

117 W. ALEXANDER ST.
#329
PLANT CITY, FL 33563 US

Current Mailing Address:

303 S PARSONS AVE
BRANDON, FL 33511 US

New Mailing Address:

117 W. ALEXANDER ST.
#329
PLANT CITY, FL 33563 US

FEI Number: 20-3379342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSHI, KAUSHIK J
5423 TWIN CREEKS DRIVE
VALRICO, FL 33594 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: KITTRELL, JAMES
Address: 303 S PARSONS AVE
City-St-Zip: BRANDON, FL 33511

Title: MGRM ( ) Delete
Name: JOSHI, KAUSHIK J
Address: 5423 TWIN CREEKS DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KITTRELL, JAMES
Address: 117 W. ALEXANDER ST #329
City-St-Zip: PLANT CITY, FL 33563

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: JAMES KITTRELL MGRM 08/12/2008

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