

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085879

FILED  
May 01, 2008  
Secretary of State

Entity Name: N'TACT COMMUNICATION LLC

## Current Principal Place of Business:

1310 BANKS ROAD  
APT # 112  
MARGATE, FL 33063 US

## Current Mailing Address:

1310 BANKS ROAD  
MARGATE, FL 33063 US

## New Principal Place of Business:

1311 NW 23RD AVE  
207  
LAUDERHILL, FL 33313 US

## New Mailing Address:

1311 NW 23RD AVE  
207  
LAUDERHILL, FL 33313 US

FEI Number: 26-0125979      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:

ASIAMIGBE, NNEKA T  
1310 BANKS ROAD  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

ASIAMIGBE, NNEKA T  
1311 NW 23RD AVE  
LAUDERHILL, FL 33313 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: NNEKA T. ASIAMIGBE

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ASIAMIGBE, NNEKA T  
Address: 1310 BANKS ROAD  
City-St-Zip: MARGATE, FL 33063 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ASIAMIGBE, NNEKA T  
Address: 1311 NW 23RD AVE  
City-St-Zip: LAUDERHILL, FL 33313 US

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: NNEKA T ASIAMIGBE

MS

05/01/2008

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