

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000100821

1. Entity Name  
IP SERVICES OF NW FLORIDA, LLC



Principal Place of Business

5957 SAVANNAH DR  
MILTON, FL 32570

Mailing Address

5957 SAVANNAH DR  
MILTON, FL 32570

**FILED  
Jan 17, 2008 08:00 AM  
Secretary of State**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3614056	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

ROETE, JAMES J  
5957 SAVANNAH DR  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

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

0000000788096  
01/18/08-80027-004 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ROETE, JAMES J
STREET ADDRESS	5957 SAVANNAH DR
CITY-ST-ZIP	MILTON, FL 32570

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #