

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109099

FILED  
Jun 19, 2008  
Secretary of State

Entity Name: NEW VOICE COMMUNICATIONS LLC

**Current Principal Place of Business:**

18090 COLLINS AVENUE  
T-17 / 133  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

18090 COLLINS AVENUE  
T-17 / 133  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

2020 BUCHANAN STREET  
# 10  
HOLLYWOOD, FL 33021 US

FEI Number: 20-4140005      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:**

LIZ, RABI  
18090 COLLINS AVENUE  
T-17 / 133  
SUNNY ISLES, FL 33160 US

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

LIZ, RABI  
2020 BUCHANAN STREET  
# 10  
HOLLYWOOD, FL 33021 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:

06/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIZ, RABI  
Address: 18090 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LIZ, RABI  
Address: 2020 BUCHANAN STREET  
City-St-Zip: # 10, FL 33021 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: LR

MGRM

06/19/2008

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