

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90259 011 ****50.00

DOCUMENT # L06000078468

1. Entity Name

ACCUTEL TELECOM SOLUTIONS, LLC



Principal Place of Business

550 N. REO #300
TAMPA FL 33609

Mailing Address

13046 RACE TRACK ROAD #201
TAMPA FL 33626



2. Principal Place of Business - No P.O. Box #

2203 N. LOIS AVE

3. Mailing Address

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

City & State

TAMPA

City & State

Zip

33607

Country

U.S.

Zip

Country

4. FEI Number

59-3369343

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

VALENTI, JOE
2203 N. LOIS AVE, G-44
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

4/14/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME VALENTI, JOE
STREET ADDRESS 550 N. REO #300
CITY-ST-ZIP TAMPA FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME VALENTI, JOE
STREET ADDRESS 13046 RACE TRACK ROAD #201
CITY-ST-ZIP TAMPA FL 33626

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/07