

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087844

Entity Name: RE-TEL.COM, LLC

FILED  
Jul 22, 2008  
Secretary of State

## Current Principal Place of Business:

3450 SOUTH ATLANTIC AVE.  
SUITE F  
COCOA BEACH, FL 32931 US

## Current Mailing Address:

3450 SOUTH ATLANTIC AVE.  
SUITE F  
COCOA BEACH, FL 32931 US

## New Principal Place of Business:

195 N. BREVARD AVE  
SUITE G  
COCOA BEACH, FL 32931 US

## New Mailing Address:

195 N. BREVARD AVE  
SUITE G  
COCOA BEACH, FL 32931 US

FEI Number: 26-0642333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HATHAWAY, ROBERT L  
3450 SOUTH ATLANTIC AVE.  
F  
COCOA BEACH, FL 32931 US

## Name and Address of New Registered Agent:

HATHAWAY, ROBERT L  
195 N. BREVARD AVE  
SUITE G  
COCOA BEACH, FL 32931 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:

07/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HATHAWAY, ROBERT L  
Address: 3450 SOUTH ATLANTIC AVE., SUITE F  
City-St-Zip: COCOA BEACH, FL 32931 US

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: HATHAWAY, ROBERT L  
Address: 195 N. BREVARD AVE., SUITE G  
City-St-Zip: COCOA BEACH, FL 32931 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: ROBERT L HATHAWAY

PRES

07/22/2008

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