## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000093386

Entity Name: E-PHONE COMMUNICATIONS LLC

FILED Jan 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

8180 NW 36 ST 8180 NW 36 ST 239

239

DORAL, 33166 DORAL, FL 33166

**Current Mailing Address: New Mailing Address:** 

8180 NW 36 ST 8180 NW 36 ST

239 DORAL, 33166 DORAL, FL 33166

FEI Number: 26-0893695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GARCIA, NELSO H DEL VALLE ORTA, ANTONIA P

8180 NW 36 ST 8180 NW 36 ST

239 239 DORAL, FL 33166 US DORAL, FL 33166 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: ANTONIA DEL VALLE ORTA 01/02/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

CEO Title: (X) Change ( ) Addition () Delete GARCIA, NELSO H DEL VALLE ORTA, ANTONIA P Name: Name: Address: 8180 NW 36 ST SUITE 239 Address: 8180 NW 36 ST SUITE 239 City-St-Zip: DORAL, FL 33166 US City-St-Zip: DORAL, FL 33166 US

Title: Title: ( ) Change (X) Addition () Delete QUEVEDO, ROBERTO L VP Name: Name: Address: Address: 8180 NW 36 ST SUITE 239 City-St-Zip: City-St-Zip: DORAL, FL 33166 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: ANTONIA DEL VALLE ORTA 01/02/2008