

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000093386

1. Entity Name
E-PHONE COMMUNICATIONS LLC



FILED

08 FEB -6 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
8180 NW 36 ST
239
DORAL, FL 33166

Mailing Address
8180 NW 36 ST
239
DORAL, FL 33166

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-0893695

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL VALLE ORTA, ANTONIA P
8180 NW 36 ST
239
DORAL, FL 33166

Name
GARCIA, NELSO H.

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

8180 NW 36 STREET STE. 239

City
DORAL

FL

Zip Code
33166

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 *Nelso H. Garcia*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/30/08

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEL VALLE ORTA, ANTONIA P
8180 NW 36 ST SUITE 239
DORAL, FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GARCIA, NELSO H.
8180 NW 36 STREET STE. 239
DORAL, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
QUEVEDO, ROBERTO L VP
8180 NW 36 ST SUITE 239
DORAL, FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200118414402
02/20/08--01008--011 **75.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 *Nelso H. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/30/08

7864268030