2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109583

Entity Name: CONSCALL, LLC

Name:

Address:

City-St-Zip:

MARCU, SHIRI

9045 LAFONTANA BLVD, UNIT 204

BOCA RATON, FL 33434 US

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9045 LAFONTANA BLVD **UNIT 204** BOCA RATON, FL 33434 US **New Mailing Address: Current Mailing Address:** 9045 LAFONTANA BLVD **UNIT 204** BOCA RATON, FL 33434 US FEI Number: 26-1339836 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: THE LAW OFFICES OF NICK SPRALDIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAITER, ROY Name: Name: 9045 LAFONTANA BLVD, UNIT 204 Address: Address: City-St-Zip: BOCA RATON, FL 33434 US City-St-Zip: Title: MGRM Title: MGRM (X) Change () Addition () Delete Name: RAITER, HILA Name: MARCU, MOSHE Address: 9045 LAFONTANA BLVD, UNIT 204 Address: 9045 LAFONTANA BLVD. UNIT 204 City-St-Zip: BOCA RATON, FL 33434 US City-St-Zip: BOCA RATON, FL 33434 US Title: MGRM (X) Delete Title: () Change () Addition MARCU, MOSHE Name: Name: 9045 LAFONTANA BLVD, UNIT 204 Address: Address: City-St-Zip: BOCA RATON, FL 33434 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROY RAITER CEO 03/09/2009