

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122732

FILED
Apr 28, 2009
Secretary of State

Entity Name: VOIPTEK LLC

Current Principal Place of Business:

3609 JOSHUA LN
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5525
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 22-3973374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BIRMINGHAM, MICHAEL C
3609 JOSHUA LN
LAKELAND, FL 33812 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: MICHAEL C. BIRMINGHAM

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BIRMINGHAM, MICHAEL C
Address: 3609 JOSHUA LN
City-St-Zip: LAKELAND, FL 33812

Title: MGR () Delete
Name: REDMOND, THOMAS E
Address: 3609 JOSHUA LN
City-St-Zip: LAKELAND, FL 33812

Title: S () Delete
Name: BIRMINGHAM, MICHAEL C
Address: 3609 JOSHUA LNE
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL C. BIRMINGHAM

MGR

04/28/2009

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