

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023617

Entity Name: TELEPHONE NUMBER.COM, LLC

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

10620 GRIFFIN RD
STE 201
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

10620 GRIFFIN RD
STE 201
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCMANIGAL, JENNIFER
2110 NW 93RD AVE
PEMBROKE PINES, FL 33024 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:

Title: MGR () Delete
Name: MOBILE TRNDS INC
Address: 2110 NW 93RD AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: MCMANIGAL, MICHAEL
Address: 2110 NW 93RD AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: MCMANIGAL, JENNIFER
Address: 2110 NW 93RD AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: JENNIFER MCMANIGAL

MGM

05/11/2009

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