2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L08000037291

Entity Name: ADVANCED ENTERPRISE COMMUNICATION SERVICES AND SOLUTIONS, LLC

Current Principal Place of Business:

12521 SAFARI LANE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

228 TALLAHASSEE DR NE
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCPHAIL, PAULINE R
228 TALLAHASSEE DR NE
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	TEJAS, CARLOS R	
Address:	22852 FERN COURT	
City-St-Zip:	LAND O'LAKES, FL 34639	
Title:	MGRM	( ) Delete
Name:	SAVAGE, WILLIAM A JR	
Address:	12521 SAFARI LANE	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	MGRM	( ) Delete
Name:	MCPHAIL, PAULINE R	
Address:	228 TALLAHASSEE DR NE	
City-St-Zip:	ST. PETERSBURG, FL 33702	

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: PAULINE MCPHAIL MGMR 04/15/2009

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