

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094324

FILED
May 06, 2009
Secretary of State

Entity Name: FIBER OPTIC PLACEMENT SERVICES LLC

Current Principal Place of Business:

14744 72ND CT. N.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14744 72ND CT. N.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 26-3409343 FEI Number Applied For () 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:

BRINKMAN, ERIC
14744 72ND CT. N.
LOXAHATCHEE, FL 33470 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: MGRM () Delete
Name: BRINKMAN, ERIC
Address: 14744 72ND CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: LUGO, DIANNA
Address: 14744 72ND CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: RAHMING, JEFFERY
Address: 13408 FOX TRAIL RD S #514
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: JEFFERY RAHMING

MGRM

05/06/2009

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