

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042022

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** MOBILOZOPHY, LLC

**Current Principal Place of Business:**

10302 CARROLL COVE PLACE  
TAMPA, FL 33612

**New Principal Place of Business:**

13119 W LINEBAUGH AVE  
102  
TAMPA, FL 33626

**Current Mailing Address:**

10302 CARROLL COVE PLACE  
TAMPA, FL 33612

**New Mailing Address:**

13119 W LINEBAUGH AVE  
102  
TAMPA, FL 33626

**FEI Number:** 26-4798034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, DEBORAH L  
10302 CARROLL COVE PLACE  
TAMPA, FL 33612 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  
**Name:** BATES, DEBORAH L  
**Address:** 10302 CARROLL COVE PLACE  
**City-St-Zip:** TAMPA, FL 33612

**Title:** MGRM  
**Name:** WRAY, PAUL A  
**Address:** 1147 TUSCANY DRIVE  
**City-St-Zip:** TRINITY, FL 34655

I hereby 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:** PAUL A WRAY

MGRM

02/23/2010

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