

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000063116

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** MULTIPLE INTELLIGENT COMMUNICATION SERVICES, LLC

**Current Principal Place of Business:**

27227 PULLEN AVE # A 22  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

27227 PULLEN AVE # A 22  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 27-2857825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, TAMARA M  
27227 PULLEN AVE # A 22  
BONITA SPRINGS, FL 34135 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: CEO  
Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: CEO  
Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: CEO  
Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
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Title: CEO  
Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: CEO  
Name: THOMAS, TAMARA M  
Address: 27227 PULLEN AVE # A 22  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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:** TAMARA M. THOMAS

CEO

04/19/2011

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