

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004166

1. Entity Name
SOUTHERN EXCHANGE SERVICE, L.L.C.



Principal Place of Business

**11714 EMERALD COAST PKWY STE. 5
MIRAMAR BEACH, FL 32550**

Mailing Address

**11714 EMERALD COAST PKWY STE. 5
MIRAMAR BEACH, FL 32550**



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3623124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARSH, DAWN E
11714 EMERALD COAST PKWY STE. 5
MIRAMAR BEACH, FL 32550**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRANNON, GEORGE T
STREET ADDRESS	11714 EMERALD COAST PKWY STE. 5
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000410633
02/09/06-80042-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #