2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
07 SEP 17 PM 4:01
BK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000794

1. Entity Name
ACCXX COMMUNICATIONS, LLC

Principal Place of Business
7871 SYCAMORE DR.
NEW PORT RICHEY, FL 34654

Mailing Address
7871 SYCAMORE DR.
NEW PORT RICHEY, FL 34654

09062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3699529 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JONATHAN
3275 W. HILLSBORO BLVD.
300
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STORY, BOBBY 7871 SYCAMORE DR. NEW PORT RICHEY, FL 34654	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CONWAY, MICHAEL 7871 Sycamore Drive New Port Richey, FL 34654	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300110206873 10/03/07--01009--020 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Michael Conway 9-18-2007 727-946-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #