

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M01000001773

1. Entity Name
AT&T COMMUNICATIONS OF THE SOUTHERN STATES,
LLC



Principal Place of Business
ONE AT&T WAY, ROOM 4A235
BEDMINSTER, NJ 07921

Mailing Address
ONE AT&T WAY, ROOM 4A235
BEDMINSTER, NJ 07921

FILED

06 MAY -3 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
22-3832814

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

700074511677
05/12/06 01015 029 ***3450.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE AS
NAME ROSANDER, C. STEPHEN
STREET ADDRESS ONE AT&T WAY ROOM 4A211
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AS
NAME SINTON, RICHARD J
STREET ADDRESS ONE AT&T WAY ROOM 4A209
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AST
NAME STUHR, BRIAN E
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AS
NAME THOMSON, JOHN W
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AS
NAME TIFFIN, DAVID E
STREET ADDRESS ONE AT&T WAY
CITY-ST-ZIP BEDMINSTER, NJ 07921

TITLE AST
NAME DUAH, ANTOINETTE A
STREET ADDRESS ONE AT&T WAY ROOM 4A235
CITY-ST-ZIP BEDMINSTER, NJ 07921

89519

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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 #

4/27/06

(908) 234-8955