

REC'D JUL 15 2008

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**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90027 001 ***277.50

DOCUMENT # M01000002775

1. Entity Name

CURRENT COMMUNICATIONS SERVICES, LLC



Principal Place of Business

20420 CENTURY BOULEVARD
GERMANTOWN, MD 20874

Mailing Address

20420 CENTURY BOULEVARD
GERMANTOWN, MD 20874

30010300



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-3063410

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

**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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERKMAN, DAVID J
STREET ADDRESS	20420 CENTURY BLVD.
CITY - ST - ZIP	GERMANTOWN, MD 20874
TITLE	MGRM
NAME	BERKMAN, WILLIAM H
STREET ADDRESS	20420 CENTURY BLVD.
CITY - ST - ZIP	GERMANTOWN, MD 20874
TITLE	MGR
NAME	DUMAS, DEANNA C
STREET ADDRESS	3 BALA PLAZA EAST STE 502
CITY - ST - ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	BIRNBAUM, JAY L
STREET ADDRESS	2040 CENTURY BLVD.
CITY - ST - ZIP	GERMANTOWN, MD 20874
TITLE	MGR
NAME	GORDON, KATHRYN P
STREET ADDRESS	20420 CENTURY BOULEVARD
CITY - ST - ZIP	GERMANTOWN, MD 20874
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 #