

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000003786

1. Entity Name
CENTURYTEL LONG DISTANCE, LLC



Principal Place of Business
100 CENTURYTEL DRIVE
MONROE, LA 71203

Mailing Address
100 CENTURYTEL DRIVE
MONROE, LA 71203



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0070735

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
After May 1, 2008 Fee will be \$538.75

U00000800612

01/31/08-80024-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PUCKETT, KAREN A
100 CENTURYTEL DRIVE
MONROE, LA 71203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GOLF, STACEY Goff
100 CENTURYTEL DRIVE
MONROE, LA 71203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EWING, R. STEWART JR.
100 CENTURYTEL DRIVE
MONROE, LA 71203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUCHART, KAY C
100 CENTURYTEL DRIVE
MONROE, LA 71203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Kay C. Buchart* Kay C. Buchart

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

1-21-08 318-362-1825

Date

Daytime Phone #