

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90034 007 ***138.75

60029620



DOCUMENT # M04000003805																										
1. Entity Name VERIZON INFORMATION TECHNOLOGIES LLC																										
Principal Place of Business ONE EAST TELECOM PARKWAY TEMPLE TERRACE, FL 33637		Mailing Address 750 CANYON DRIVE ATTN: TAX DEPT. COPPELL, TX 75019 US																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 700 HIDDEN RIDGE																								
Suite, Apt. #, etc.		Suite, Apt. #, etc. HQW03C01																								
City & State		City & State IRVING, TX																								
Zip	Country	Zip 75038	Country USA																							
4. FEI Number 20-1559898		Applied For Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																								
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																								
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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: <i>GARY L. CONNER</i>		972-718-0615																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																								