

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005650

1. Entity Name
UNIFIED DISPATCH, LLC



Principal Place of Business
**2400 NORTH LINCOLN AVE., SUITE 211
ALTADENA, CA 91001**

Mailing Address
**2400 NORTH LINCOLN AVE., SUITE 211
ALTADENA, CA 91001**



01142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2046703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND STREET, 4TH FLOOR
MIAMI, FL 33145**

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAMKIN, DAN
STREET ADDRESS	2400 NORTH LINCOLN AVE., SUITE 211
CITY-ST-ZIP	ALTADENA, CA 91001
TITLE	MGRM
NAME	TABIBI, ALEXANDER
STREET ADDRESS	2400 NORTH LINCOLN AVE., SUITE 211
CITY-ST-ZIP	ALTADENA, CA 91001
TITLE	MGRM
NAME	TABIBI, CARLO
STREET ADDRESS	2400 NORTH LINCOLN AVE., SUITE 211
CITY-ST-ZIP	ALTADENA, CA 91001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000403877
02/06/06-80024-025 50.00

**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:

Carl Petersen **Carl Petersen / office mgr**

Date

Daytime Phone #

1/21/06 626-296-6460

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