

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002659

FILED
Mar 31, 2009
Secretary of State

Entity Name: FRONTIER COMMUNICATIONS OF THE SOUTH, LLC

Current Principal Place of Business:

3 HIGH RIDGE PARK
STAMFORD, CT 06905

New Principal Place of Business:

Current Mailing Address:

3 HIGH RIDGE PARK
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 63-0254712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCARTHY, DANIEL J
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: WHITEHOUSE, DAVID R
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: LARSON, ROBERT J
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: SHASSIAN, DONALD R
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: GLASSMAN, HILARY E
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD,, CT 06905

Title: MGR () Delete
Name: WILDEROTTER, MARY AGNES
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD,, CT 06905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KELSEY, ALAN
Address: 3 HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN KELSEY

MGR

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date