

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90077 030 ****50.00

DOCUMENT # M06000004284

1. Entity Name
VOICENET TELEPHONE, LLC



Principal Place of Business
**506 SOUTH 20TH STREET
CAMP HILL, PA 17011**

Mailing Address
**506 SOUTH 20TH STREET
CAMP HILL, PA 17011**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6059 ALLENTOWN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 311

01222007 Chg-LLC CR2E083 (12/06)

City & State

City & State
HARRISBURG PA

4. FEI Number
32-0099124

Applied For
☐ Not Applicable

Zip

Country

Zip

17112

Country

USA

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

6. Name and Address of Current Registered Agent

**BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303**

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR MANAGING DIRECTOR** ☐ Delete
NAME **BURGER-GRAY, CATHY**
STREET ADDRESS **506 SOUTH 20TH STREET**
CITY-ST-ZIP **CAMP HILL, PA 17011**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Cathy Burger-Gray 1/25/2007

Date

1-800-877-860-3006

Daytime Phone #