

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90065 014 \*\*\*138.75

**DOCUMENT # M07000000873**

1. Entity Name

VOICE SYSTEMS, LLC



Principal Place of Business  
3202 COVENTRY ROAD  
ALBANY GA 31721

Mailing Address  
3202 COVENTRY ROAD  
ALBANY GA 31721



2. Principal Place of Business - No P.O. Box #  
3708 THOMAS DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State  
PC Bch

City & State

FL

4. FEI Number

05-0555411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip  
32408

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, CINDY  
3708 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

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

Signature, typed or printed name of registered agent and title if applicable

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

TITLE MGR ☐ Delete  
NAME ADAMS, CINDY  
STREET ADDRESS 3202 COVENTRY ROAD  
CITY-ST-ZIP ALBANY GA 31721  
PC F 32408

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3708 Thomas Dr  
CITY-ST-ZIP PANAMA CITY Bch FL 32408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Capital Profee

4-24-08

233-3535