2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2014
Secretary of State
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Entity Name: NO CALL STRATEGIES, LLC

Current Principal Place of Business:

4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607

Current Mailing Address:

4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607

FEI Number: 56-2359688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, GALEN BMD
4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607 US

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

Authorized Person(s) Detail :

Title	MMPS	Title	MMV
Name	VON THRON, JAMES CMD	Name	JONES, GALEN BMD
Address	4150 NORTH ARMENIA AVENUE, STE. 200	Address	4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	MMV	Title	MMT
Name	WILKERSON, W. GREGORY MD	Name	NEWTON, WILLIAM AMD
Address	4150 NORTH ARMENIA AVENUE, STE. 200	Address	4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	MMV		
Name	GREENBERG, STEVEN MD		
Address	4150 NORTH ARMENIA AVENUE, STE. 200		
City-State-Zip:	TAMPA FL 33607		

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GALEN B. JONES — MANAGING PARTNER — 03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date