

**2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000123804

**Entity Name:** IVOX SOLUTIONS, LLC

**Current Principal Place of Business:**

4485 SW PORT WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

4485 SW PORT WAY  
PALM CITY, FL 34990

**FEI Number:** 80-0344897

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STAPLETON, CHRISTOPHER  
4485 SW PORT WAY  
PALM CITY, FL 34990 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 MGRM  
Name NEWTON, ROBERT  
Address 4485 SW PORT WAY  
City-State-Zip: PALM CITY FL 34990

Title MGR  
Name CHIORANDO, JOHN  
Address 4485 SW PORT WAY  
City-State-Zip: PALM CITY FL 34990

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT NEWTON

**MANAGER**

**11/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date