

2015 FLORIDA LIMITED LIABILITY COMPANY 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT NEWTON

MANAGING MEMBER

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date