


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L00000005258  
 1. Entity Name  
 COMSYSTEMS, L.L.C.



Principal Place of Business 630 JACANA CIRCLE NAPLES, FL 34105	Mailing Address 630 JACANA CIRCLE NAPLES, FL 34105
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**DO NOT WRITE IN THIS SPACE**



03072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1005920	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
 GANDOLFO, ANTOINE  
 630 JACANA CIRCLE  
 NAPLES, FL 34105

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANDOLFO, ANTOINE 630 JACANA CIRCLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANDOLFO, PROVIDENCE 630 JACANA CIRCLE NAPLES, FL 34105
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 03/27/08-80075-009 8.75  
 03/27/08-80075-009 143.75

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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: \_\_\_\_\_ Date: 03/10/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #