## 2004 LIMITED LIABILITY COMPANY

**FILED** Feb 10, 2004 08:00 AM Secretary of State **ANNUAL REPORT** 

DOCUMENT # L01000004277 1. Entity Name SELECOM, LLC Principal Place of Business Mailing Address 1434 CORNELL AVE 1434 CORNELL AVE SPRING HILL, FL 34609 SPRING HILL, FL 34609 02032004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3704611 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERKENS, MARLEEN DO NOT WRITE 1434 CORNELL AVE SPRING HILL, FL 34609 IN THIS SPACE 3. 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 (NOTE, Registered Agent signature required when reinstating) of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME VAN LIMBERGEN, SERGE STREET ADDRESS 1434 CORNELL AVE <u> 1900000045173</u> 02/11/04-80049-016 50.00 SPRING HILL, FL 34609 CITY-ST-ZIP TITLE STERKENS, MARLEEN STREET ADDRESS 1434 CORNELL AVE CITY-ST-ZIP SPRING HILL, FL 34609 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-S1-ZIP THE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE NAME STREET ADDRESS

STERKEUS 1ARLEEN

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE