


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90028 002 \*\*\*\*50.00

**DOCUMENT # L01000004277**

1. Entity Name  
**SELECOM, LLC**



Principal Place of Business 1434 CORNELL AVE SPRING HILL, FL 34609	Mailing Address 1434 CORNELL AVE SPRING HILL, FL 34609
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**DO NOT WRITE IN THIS SPACE**

**20038399**



04102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3704611	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STERKENS, MARLEEN**  
**1434 CORNELL AVE**  
**SPRING HILL, FL 34609**

**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:  **MARLEEN STERKENS** MGR **9/19/05**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN LIMBERGEN, SERGE 1434 CORNELL AVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERKENS, MARLEEN 1434 CORNELL AVE SPRING HILL, FL 34609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #