


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State


DOCUMENT # L05000023447
 1. Entity Name
 COMM TECH, LLC



Principal Place of Business
 429 SW 8TH CT
 APT 1
 MIAMI, FL 33130 US

Mailing Address
 P.O. BOX 565762
 MIAMI, FL 33256 US

DO NOT WRITE IN THIS SPACE



01122008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2509680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAKKI, SHAMILA
 9125 S.W. 77TH AVE.
 UNIT 803
 MIAMI, FL 33156

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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	MGR MAKKI, SHAMILA 9125 S.W. 77TH AVE. UNIT 803 MIAMI, FL 33156
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 01/18/08-30015-014-138.75

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:  01/17/2008 305-310-8244

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