


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90206 038 ****50.00

DOCUMENT # M00000000759 1. Entity Name COMTECH 21, LLC	
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Principal Place of Business ONE BARNES PARK SCUTH South WALLINGFORD, CT 06492	Mailing Address ONE BARNES PARK SCUTH South WALLINGFORD, CT 06492
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1574057	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

TCS CORPORATE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL: 32301

**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)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINERVINO, RICHARD ONE BARNES PARK SCUTH WALLINGFORD, CT 06492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCARELLI, MARIE ONE BARNES PARK SCUTH WALLINGFORD, CT 06492
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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: *Richard Minervino* 2-20-06 203-679-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #