


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90204 001 \*\*\*138.75

**DOCUMENT # M04000001637**

1. Entity Name  
**VIRTUAL COMMUNICATIONS LLC**



Principal Place of Business  
**1565 N. PARK DR  
 SUITE 103  
 WESTON, FL 33326**

Mailing Address  
**1565 N. PARK DR.  
 SUITE 103  
 WESTON, FL 33326**

**60042450**



2. Principal Place of Business - No P.O. Box #  
**1535 N. PARK DR.**

3. Mailing Address  
**1535 N. PARK DR.**

Suite, Apt. #, etc.  
**SUITE 103**

Suite, Apt. #, etc.  
**SUITE 103**

City & State  
**WESTON, FL 33326**

City & State  
**WESTON, FL 33326**

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**55-0859427**

Applied For  
 Not Applicable

Zip Country  
**33326**

Zip Country  
**33326**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MIER, TOMAS  
 1565 N PARK DR  
 103  
 WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name  
**JAVIER PINZON**

Street Address (P.O. Box Number is Not Acceptable)  
**1535 N. PARK DR.  
 SUITE 103**

City  
**WESTON** FL Zip Code  
**33326**

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 **4/ /08**


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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MIER, TOMAS STREET ADDRESS 1565 N. PARK DR. SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME PINZON, GILBERTO STREET ADDRESS 1737 HARBOR VIEW CIRCLE CITY-ST-ZIP WESTON, FL 33327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME PINZON, JAVIER STREET ADDRESS 1565 N PARK DR SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE MGR NAME PINZON, JAVIER STREET ADDRESS 1535 N. PARK DR. SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME ARANGO, LUZ H STREET ADDRESS 1565 N PARK DR. SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE MGR NAME ARANGO, LUZ H. STREET ADDRESS 1535 N. PARK DR. SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE MGR NAME PINZON, LILIANA STREET ADDRESS 1535 N. PARK DR. SUITE 103 CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LILIANA PINZON** 4/ /08 954-644-5966

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