

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-07-2003 90016 005 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/1

DOCUMENT # L02000019599

1. Entity Name

COMVO2 COMMUNICATION, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

318 Indian Trace

Suite, Apt. #, etc.

Suite 605

City & State

WESTON, FL

Zip
33326

Country
USA

3. Mailing Address

318 Indian Trace

Suite, Apt. #, etc.

Suite # 605

City & State

WESTON, FL

Zip
33326

Country
USA

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4. FEI Number

52-236 9065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RICARDO GONDA**

Street Address (P.O. Box Number is Not Acceptable)

318 Indian Trace # 605

City **WESTON**

FL

Zip Code
33326

**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

Signature, typed or printed name of registered agent and title if applicable

FEE IS \$53.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
MNG.	Ricardo Gonda	318 Indian trace #605	WESTON, FL 33326
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

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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: by Ricardo Gonda

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

01-30-03

Date

Daytime Phone #

CR2E03B (12/02)