


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L00000005258 1. Entity Name COMSYSTEMS, L.L.C.	
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Principal Place of Business 630 JACANA CIRCLE NAPLES, FL 34105	Mailing Address 630 JACANA CIRCLE NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
65-1005920

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GANDOLFO, ANTOINE
630 JACANA CIRCLE
NAPLES, FL 34105**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	MGRM GANDOLFO, ANTOINE 630 JACANA CIRCLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANDOLFO, PROVIDENCE 630 JACANA CIRCLE NAPLES, FL 34105
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U000000856123
03/27/08-80075-009 8.75
03/27/08-80075-009 143.75

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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:

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

Date

Daytime Phone #

03/10/2008