

**2005 LIMITED LIABILITY COMPANY,  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90094 022 \*\*\*\*50.00

**DOCUMENT # L00000009738**

1. Entity Name  
**TUNICOM LLC**



Principal Place of Business  
**5500 NW 69TH AVENUE  
LAUDERHILL, FL 33319**

Mailing Address  
**5500 NW 69TH AVENUE  
LAUDERHILL, FL 33319**

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1031256**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LITWER, BRUCE B  
5500 NW 69TH AVENUE  
LAUDERHILL, FL 33319**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
G.P. UNICOM CORP  
5500 NW 69 AVE  
LAUDERHILL, FL 33319**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

**G.P. Unicom Corp., Manager**

**SIGNATURE: By:** \_\_\_\_\_

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

**4/19/05**

Date

**954-572-2112**

Daytime Phone #

**Stanley R. Rosenthal, President**