

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004835

1. Entity Name
AHS COMMUNICATION LC



Principal Place of Business

**843 CYPRESS PARKWAY
KISSIMMEE, FL 34759**

Mailing Address

**843 CYPRESS PARKWAY
KISSIMMEE, FL 34759**



02202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706023

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAJJAD, SABQATUL H
843 CYPRESS PARKWAY
KISSIMMEE, FL 34759**

**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

A. Hama Sajjad

(NOTE: Registered Agent signature required when reinstating)

04-26-04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000157871
05/06/04-80046-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAJJAD, SABQATUL H
843 CYPRESS PARKWAY
KISSIMMEE, FL 34759**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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:

A. Hama Sajjad

04-26-04

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

Date

Daytime Phone #