

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90240 027 ***138.75

DOCUMENT # L01000020175

1. Entity Name
COMLAK, LLC



Principal Place of Business
**501 BRICKELL KEY DRIVE
SUITE 504
MIAMI, FL 33131**

Mailing Address
**501 BRICKELL KEY DRIVE
SUITE 504
MIAMI, FL 33131**

00010013



02072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0375820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WESLEY M ESQ.
501 BRICKELL KEY DRIVE
SUITE 504
MIAMI, FL 33131**

**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 ~~MGR~~
NAME ~~KRAMER, SUMMER~~
STREET ADDRESS ~~8400 CLAY AVENUE, SUITE 275~~
CITY-ST-ZIP ~~ORLANDO, FL 32804~~

TITLE MGR
NAME Nin, Rafael
STREET ADDRESS 3100 Clay Avenue, Suite 275
CITY-ST-ZIP Orlando, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

Rafael Nin

March 5, 2008

407-896-9059

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

Date

Daytime Phone #