FILED
Mar 20, 2003 8:00 am
Secretary of State
02-07-2003 90016 005 ****50.00

2/7

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019599

1. Entity Name

COMVO2 COMMUNICATION, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
318 Indian trace	318 Indian Trace
Suite, Apt. #, etc. Suite 605	Suite, Apt. #, etc. Suite # 605
City & State WESTON, FL	City & State WESTON, FL
Zip 33326 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2369065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

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

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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 01-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #