

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90186 036 \*\*\*\*50.00

**DOCUMENT # L03000019218**

1. Entity Name

SHALOM TELECOMMUNICATIONS, L.L.C.



Principal Place of Business

16313 NORWOOD DRIVE  
TAMPA FL 33624

Mailing Address

16313 NORWOOD DRIVE  
TAMPA FL 33624

2. Principal Place of Business

1602 W. Sligh Ave.

Suite, Apt. #, etc.

100

3. Mailing Address

1602 W. Sligh Ave.

Suite, Apt. #, etc.

100

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. FEI Number

57-1177018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALAN F  
16313 NORWOOD DRIVE  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Alan F. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

1602 W. Sligh Ave. #100

City

Tampa

FL

Zip Code

33604

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

2/3/04

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Alan F. Gonzalez  
1602 W. Sligh Ave. #100  
Tampa, FL 33604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

2/3/04