

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90029 025 \*\*\*\*50.00

**DOCUMENT # L03000042958**

1. Entity Name  
**COMTEL NETWORK & TELEPHONE SOLUTIONS, LLC**



Principal Place of Business  
**4840 GIFFORD BLVD  
ORLANDO, FL 32821**

Mailing Address  
**P.O. BOX 593532  
ORLANDO, FL 32859**

**20001511**



2. Principal Place of Business

**800 PAUL ST**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE B**

Suite, Apt. #, etc.

01032005 Chg-LLC CR2E083 (10/03)

City & State

**ORLANDO**

City & State

4. FEI Number  
**20-0373118**

Applied For  
Not Applicable

Zip

**FL**

Country

**32808**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWCOM, LESLIE R  
4840 GIFFORD BLVD.  
ORLANDO, FL 32821**

Name  
**LESLIE LAMPSHIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**4840 GIFFORD BLVD.**

City  
**ORLANDO**

FL

Zip Code  
**32821**

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

*Leslie Lampshire*

**LESLIE LAMPSHIRE**

**1-4-05**

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LAMPSHIRE, DANIEL S  
4840 GIFFORD BLVD.  
ORLANDO, FL 32821** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RYEL, SCOTT D  
9925 HIDDEN DUNES LN  
ORLANDO, FL 32832** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RYEL, SCOTT D  
1970 RUSHDEN DR  
OCOE, FL 34761** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NEWCOM, LESLIE R  
4840 GIFFORD BLVD.  
ORLANDO, FL 32821** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LAMPSHIRE, LESLIE R.  
4840 GIFFORD BLVD.  
ORLANDO, FL 32821** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ 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:**

*Daniel Lampshire*

**DANIEL LAMPSHIRE**

**1-4-05**

**321-230-8800**

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

Date

Daytime Phone #