

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042958

FILED
Jan 07, 2008
Secretary of State

Entity Name: COMTEL NETWORK & TELEPHONE SOLUTIONS, LLC

Current Principal Place of Business:

3329 BARTLETT BLVD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618381
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 20-0373118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPSHIRE, LESLIE R
3329 BARTLETT BLVD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

LAMPSHIRE, DANIEL S
3329 BARTLETT BLVD
ORLANDO, FL 32811 US

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.

SIGNATURE: DANIEL LAMPSHIRE

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMPSHIRE, DANIEL S
Address: 515 YORK DALE DR.
City-St-Zip: RUSKIN, FL 33570

Title: MGRM () Delete
Name: RYEL, DAVID S
Address: 1841 RUSHDEN DR
City-St-Zip: OCOEE, FL 34761 FL

Title: MGR (X) Delete
Name: LAMPSHIRE, LESLIE R
Address: 515 YORK DALE DR.
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 S. LAMPSHIRE

MGRM

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date