

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 013 ***138.75

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05032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000054527 1. Entity Name FORCOM VENTURES, LLC					
Principal Place of Business 8612 BLACK MESA DRIVE ORLANDO, FL 32829			Mailing Address 8612 BLACK MESA DRIVE ORLANDO, FL 32829		
2. Principal Place of Business - No P.O. Box # 8612 BLACK MESA DRIVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. BOX 98 <small>Suite, Apt. #, etc.</small>			
City & State ORLANDO, FL		City & State MOUNT DORA, FL		4. FEI Number 20-0679029	
Zip 32829		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLCI, DANIEL Q 8612 BLACK MESA DRIVE ORLANDO, FL 32829			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 DANIEL Q DOLCI <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOLCI, DANIEL Q 8612 BLACK MESA DRIVE ORLANDO, FL 32829	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDY V. VIVONA 1074 CEASARS CT. MOUNT DORA, FL. 32757
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: RUDY V. VIVONA 5-2-08 407-947-6968 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					