


04-26-2005 90012 033 ***150.00
L04000075767

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075767					
1. Entity Name SECURE COMMUNICATION TOWERS OF ORLANDO, LLC					
Principal Place of Business 2529 TAIL SPIN TRAIL PORT ORANGE, FL 32128 US			Mailing Address 2529 TAIL SPIN TRAIL PORT ORANGE, FL 32128 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent GULDI, JAMES 2529 TAIL SPIN TRAIL PORT ORANGE, FL 32128				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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 GULDI, JAMES 2529 TAIL SPIN TRAIL PORT ORANGE, FL 32128	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>James E. Guldi</u>			4-20-05 386 566 1081		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 16 PM 3:00



04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1767373

Applied For
Not Applicable

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