

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 004 \*\*\*138.75

**DOCUMENT # L05000018387**

1. Entity Name  
**TELECOM ASSOCIATES LLC**



60031201

Principal Place of Business  
**8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610**

Mailing Address  
**8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610**

2. Principal Place of Business - No P.O. Box #  
**12570 Telecom DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**12570 Telecom DRIVE**  
Suite, Apt. #, etc.



01042008 Chg-LLC CR2E083 (12/06)

City & State  
**TEMPLE TERRACE FL**  
Zip  
**33637**  
Country  
**US**

City & State  
**TEMPLE TERRACE FL**  
Zip  
**33637**  
Country  
**US**

4. FEI Number  
**20-2409992**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**COMER, GORDON  
8302 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
COMER, GORDON  
8302 LAUREL FAIR CIRCLE SUITE 100  
TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**12570 Telecom DRIVE  
TEMPLE TERRACE FL 33637**

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

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

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

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

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

**4/28/08**

Date Daytime Phone #