

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L06000048409

1. Entity Name

COMTRUST HOLDING III LLC



Principal Place of Business

3419 BEACON STREET
POMPANO BEACH FL 33062

Mailing Address

3419 BEACON STREET
POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

20-4848062

Applied For

Not Applicable

Zip

Country

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

MCKENNA, RICHARD
3419 BEACON STREET
POMPANO BEACH FL 33062

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

Sign in blue ink or black ink and name of registered agent and the applicable fee

(NOTE: Registered agent's signature is required when filing this report)

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MCKENNA, RICHARD
STREET ADDRESS 3419 BEACON STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 000000857234
03/31/08-80006-015 138.75

TITLE MGRM ☐ Delete
NAME NETZER, KEVIN
STREET ADDRESS 303 N RIVERSIDE DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Richard H. McKenna* **Richard H. McKenna** 3/10/08 954:980.3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE