## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000100088**

1. Entity Name 121 SANCOM, LLC



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

1201 WASHINGTON DRIVE SANFORD, FL 32771 Mailing Address

1201 WASHINGTON DRIVE SANFORD, FL 32771



DO NOT WRITE IN THIS SPACE

01132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0477684 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CONKLIN, BRISTOL C 1201 WASHINGTON DRIVE SANFORD, FL 32771

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changin tions of registered agent.	ig its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR CONKLIN, BRISTOL C 1201 WASHINGTON DRIVE SANFORD, FL 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000813888 02/18/08-80006-009 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
NAME SEE ADDRESS CITY-ST-ZIP	to a straight of the analysis of the contract	

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.