

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104206

Entity Name: COMUNITEL, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

2519 GALIANO STREET, SUITE 703
C/O R. RONALD MONAHAN
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2519 GALIANO STREET, SUITE 703
C/O R. RONALD MONAHAN
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 43-2113246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAHAN, ROARK R CPA
2519 GALIANO STREET, SUITE 703
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MONAHAN, ROARK R CPA
C/O MONAHAN 2519 GALIANO STREET, SUITE 703
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ROARK R. MONAHAN CPA

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAGES C., LERMIT J
Address: C/O 815 PONCE DE LEON BLVD., SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: PAGES C., FRANCISCO A
Address: C/O 815 PONCE DE LEON BLVD., SUITE 306
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LERMIT PAGES

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date