

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90111 049 ****50.00

DOCUMENT # L98000001740

1. Entity Name

**COMSYER INTERNATIONAL COMMUNICATIONS SYSTEMS
AND SERVICES, L.C.**



Principal Place of Business

**6595 NW 36 STREET, SUITE 205-4
MIAMI FL 33166**

Mailing Address

**6595 NW 36 STREET, SUITE 205-4
MIAMI FL 33166**

2. Principal Place of Business

6595 NW 36th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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MOORE

CR2E083 (11/03)

4. FEI Number

65-0872587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PABON, JUDITH
30 NW 87TH AVE APT C211
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **Ruth Pabon**

Street Address (P.O. Box Number is Not Acceptable)

6595 NW 36th St Suite 205-4

City **Miami**

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26-04

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PABON LOPEZ, ALVARO**
STREET ADDRESS **780 NE 69 STREET APT 2508**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **MGRM** ☐ Delete
NAME **PACHECO DE PABON, ANA BELISA**
STREET ADDRESS **780 NE 69 STREET APT 2508**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Pabon Lopez Alvaro**
STREET ADDRESS **6595 NW 36th suite 205-4**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Pacheco DE PABON ANA Belisa**
STREET ADDRESS **6595 NW 36th St # 205-4**
CITY-ST-ZIP **MIAMI FL 33166**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Ruth Pabon

04-26-04

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

Date

Daytime Phone #