

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # L98000001740

1. Entity Name
**COMSYER INTERNATIONAL COMMUNICATIONS
SYSTEMS AND SERVICES, L.C.**



Principal Place of Business

**5524 NW 72 AVE
MIAMI, FL 33166**

Mailing Address

**5524 NW 72 AVE
MIAMI, FL 33166**



05032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, RUTH
20 SW 58TH AVE
MIAMI, FL 33144**

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IN THIS SPACE**

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 reactivating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PABON LOPEZ, ALVARO
STREET ADDRESS	20 SW 58THAVE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGRM
NAME	PACHECO DE PABON, ANA BELISA
STREET ADDRESS	20 SW 58THAVE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80068-009 50.00

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IN THIS SPACE**

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: *Ruth Pabon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #