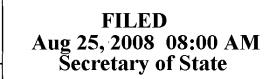
## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L9900003572 1. Entity Name COMMUNICATION AND DATA SOLUTIONS, INC. Principal Place of Business 5929-7 YOUNGQUIST RD 5929-7 YOUNGQUIST





## DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33912

07242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
65-0929477	[	Not Applicable
<u> </u>	20	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, PATRICK L 7722 CAMERON CIRCLE FT. MYERS, FL 33912

MAHONEY, PATRICK

FT. MYERS, FL 33912

7722 CAMERON CIRCLE

NAME

TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

FORT MYERS, FL 33912

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		IN THIS SPACE			
	named entity submits this statement for tions of registered agent.	the purpose of changing its regis	tered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable (NOTE: Regis	stered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 60 liability company did not	7.193(2)(b), F.S., the limited receive the prior notice.	U00000958299 08/25/08-80003-012 138.75	
9.	MANAGING MEMBE	RS/MANAGERS			
TITLE	MGRM				
NAME	BORCHERT, BUTCH		•		
STREET ADDRESS	6641 ASTORIA AVE.				
CITY-ST-ZIP	FT. MYERS, FL 33905		ſ		
TITLE	MGRM				

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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:

8-90-08

239-561-5847