

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003572

1. Entity Name
COMMUNICATION AND DATA SOLUTIONS, INC.



Principal Place of Business
5929-7 YOUNGQUIST RD
FORT MYERS, FL 33912

Mailing Address
5929-7 YOUNGQUIST
FORT MYERS, FL 33912

FILED
Aug 25, 2008 08:00 AM
Secretary of State



07242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929477

Applied For
Not Applicable

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

**DO NOT WRITE
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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

UN00000958299
08/25/08-80003-012 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BORCHERT, BUTCH 6641 ASTORIA AVE. FT. MYERS, FL 33905 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAHONEY, PATRICK 7722 CAMERON CIRCLE FT. MYERS, FL 33912 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: _____

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

8-20-08

Date

239-561-3847

Daytime Phone #