

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002637

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** TVR COMMUNICATIONS LLC

**Current Principal Place of Business:**

55-02 BROADWAY  
WOODSIDE, NY 113772158

**New Principal Place of Business:**

60-69 WOODHAVEN BLVD  
ELMHURST, NY 11373 US

**Current Mailing Address:**

55-02 BROADWAY  
WOODSIDE, NY 113772158

**New Mailing Address:**

60-69 WOODHAVEN BLVD  
ELMHURST, NY 11373

**FEI Number:** 20-0481785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FANZO, VINCENT  
541 S STATE ROAD 7  
SUITE 5  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** WASHINGTON, KEITH  
**Address:** 60-69 WOODHAVEN BLVD  
**City-St-Zip:** ELMHURST, NY 11373

**Title:** CFO  
**Name:** FANZO, VINCENT  
**Address:** 60-69 WOODHAVEN BLVD  
**City-St-Zip:** ELMHURST, NY 11373

**Title:** VPPD  
**Name:** CORTINA, MARK  
**Address:** 60-69 WOODHAVEN BLVD  
**City-St-Zip:** ELMHURST, NY 11373

**Title:** COO  
**Name:** BARILLA, PASQUALE  
**Address:** 60-69 WOODHAVEN BLVD  
**City-St-Zip:** ELMHURST, NY 11373

I hereby 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:** VINCENT FANZO

CFO

01/06/2010

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