

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 011 ****50.00

DOCUMENT # M06000000951

1. Entity Name
OSCOM COMMUNICATIONS, LLC



Principal Place of Business
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109

Mailing Address
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109

40102000



DO NOT WRITE IN THIS SPACE

04282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-4107012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109

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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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAPOBIANCO, BRUCE
STREET ADDRESS	4625 SAINT CROIX LANE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGRM
NAME	CAPOBIANCO, NICOLE H
STREET ADDRESS	4426 SAINT CROIX LANE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	Nicole Capobianco
NAME	14601 Beaufort Circle
STREET ADDRESS	Naples, FL 34119
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Change of
Address
↓

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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:

Nicole Capobianco

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

4/28/07

Date

239-513-0100

Daytime Phone #