

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016369

**Entity Name:** COMMUNICATION EXPERT SYSTEMS LLC

**Current Principal Place of Business:**

8131 VINELAND AVE., UNIT #104  
ORLANDO, FL 32821

**Current Mailing Address:**

8131 VINELAND AVE., UNIT #104  
ORLANDO, FL 32821

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROBERTS, WILLIAM  
8131 VINELAND AVE., UNIT #104  
ORLANDO, FL 32821 US

*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

**Authorized Person(s) Detail :**

Title EXECUTIVE DIRECTOR  
Name ROBERTS, WILLIAM  
Address 8131 VINELAND AVE., UNIT #104  
City-State-Zip: ORLANDO FL 32821

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM ROBERTS

EXECUTIVE DIRECTOR

03/18/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date