## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## May 16, 2006 8:00 am Secretary of State **DOCUMENT # M05000002657** 04-11-2006 90015 039 \*\*\*\*50.00 1. Entity Name BIG WIRELESS, LLC Principal Place of Business Mailing Address 156 N. GEORGE ST. 156 N. GEORGE ST. 30008493 YORK, PA 17401 YORK, PA 17401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Cha-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. 4 Addition TITLE ☐ Change ☐ Delete TITLE Dolmetsch, Scott A. NAME NAME RD3 BOX > 366 STREET ADDRESS STREET ADDRESS Soven Valley, A. 17360 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE □ Change Dolmoty La John A. NAME NAME Tenace STREET ADDRESS STREET ADDRESS - Pa. 17403 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 40dition ☐ Delete TITLE TITLE Oriver Daviel M. 3815 Salem Church Rd. NAME NAME STREET ADDRESS STREET ADDRESS Jamettsville, Md. 21084 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP 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.

**FILED** 

717)849-1019