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

SIGNATURE: JAMES B MALLESS

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 59-3685023

Current Principal Place of Business:

DOCUMENT# L00000014612

321 NORTH KENTUCKY AVE.

Current Mailing Address: 321 N. KENTUCKY AVE LAKELAND, FL 33801 US

LAKELAND, FL 33801

SUITE 10

Name and Address of Current Registered Agent:

MALLESS, JAMES B 321 N. KENTUCKY AVE LAKELAND, FL 33801 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: WIRELESS PLANNING SERVICES, L.L.C.

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	MALLESS, JAMES B	Name	SEGGERMAN, KAREN E
Address	321 NORTH KENTUCKY AVE. SUITE 10	Address	321 NORTH KENTUCKY AVE. SUITE 10
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	LAKELAND FL 33801

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered. 03/03/2022 MANAGER

Date

Date