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: JAMESS MALLESS

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY CON	MPANY ANNUAL REPORT
------------------------------------	---------------------

DOCUMENT# L00000014612

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

Current Principal Place of Business:

321 NORTH KENTUCKY AVE. SUITE 10 LAKELAND, FL 33801

Current Mailing Address:

321 N. KENTUCKY AVE LAKELAND, FL 33801 US

FEI Number: 59-3685023

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

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

FILED Feb 08, 2024 Secretary of State 5497414380CC

Certificate of Status Desired: No

02/08/2024

Date

OWNER