

**2015 FLORIDA LIMITED LIABILITY COMPANY 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 NORTH KENTUCKY AVE.  
SUITE 10  
LAKELAND, FL 33801

**FEI Number:** 59-3685023

**Certificate of Status Desired:** No

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

MALLESS, JAMES B  
845 MISSISSIPPI AVENUE  
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

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	MALLESS, JAMES B	Name	SEGGEMAN, KAREN E
Address	845 MISSISSIPPI AVENUE	Address	845 MISSISSIPPI AVENUE
City-State-Zip:	LAKELAND FL 33801	City-State-Zip:	LAKELAND FL 33801

*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:** JAMES B. MALLESS

**OWNER**

**01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date