

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113879

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC4837421790**

**Entity Name:** ATLANTIC WIRELESS, LLC

**Current Principal Place of Business:**

4356 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

4356 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 26-1428955

**Certificate of Status Desired:** No

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

NAZAR, OSMAN  
2459 SAWYER TERRACE  
WELLINGTON,, FL 33414 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 MGRM  
Name OSMAN, NAZAR  
Address 2459 SAWYER TERRACE  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name BASHIR, AMIR  
Address 437 TURNBRIDGE DRIVE  
City-State-Zip: GALLOWAY NJ 08205

Title MGRM  
Name BASHIR, AMIR  
Address 437 TURNBRIDGE DRIVE  
City-State-Zip: GALLOWAY FL 08205

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NAZAR OSMAN

**PARTNER**

**03/25/2013**

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

\_\_\_\_\_  
Date