

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000022749

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3369745986CC**

**Entity Name:** ALL CELLULAR WIRELESS LLC.

**Current Principal Place of Business:**

21333 NW 2ND AVE  
MIAMI, FL 33169

**Current Mailing Address:**

21333 NW 2ND AVE  
MIAMI, FL 33169 US

**FEI Number:** 47-3101903

**Certificate of Status Desired:** No

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

ROSTOM, MOHAMED  
3291 CLEVELAND AVE  
C  
FORT MYERS, FL 33901 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  
Name SAMARA, JOSEPH  
Address 5605 PACIFIC BLVD.  
City-State-Zip: BOCA RATON FL 33433

Title MGR  
Name ZAHRAN, MOHAMMED  
Address 15568 ALTON DR  
City-State-Zip: FT MYERS FL 33908

Title MGR  
Name SAMARA, ALI  
Address 1748 SW 91ST AVE  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name HALUM, MOHAMAD A  
Address 1341 NW 139TH AVE  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** ALI SAMARA

**MANAGER**

**01/15/2020**

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

\_\_\_\_\_  
Date