

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005045

**Entity Name:** COX TMI WIRELESS, L.L.C.

**Current Principal Place of Business:**

6205-B PEACHTREE DUNWOODY BLVD  
ATLANTA, GA 30328

**Current Mailing Address:**

6205-B PEACHTREE DUNWOODY BLVD  
ATLANTA, GA 30328 US

**FEI Number:** 26-3246030

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT  
Name            ESSER, PATRICK J  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

Title            SECRETARY  
Name            MUHL, SHAUNA S  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

Title            VP  
Name            VICKERS, MARY  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

Title            TREASURER, VP  
Name            FRIEDMAN, MARIA  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

Title            MANAGER  
Name            BARLIK, LEN  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

Title            MANAGER  
Name            DYER, JOHN M  
Address        6205-B PEACHTREE DUNWOODY  
                  BLVD  
City-State-Zip: ATLANTA GA 30328

*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:** MARY VICKERS

**VICE PRESIDENT**

**04/19/2016**

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

\_\_\_\_\_  
Date