

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005045

Entity Name: COX WIRELESS, LLC

Current Principal Place of Business:

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Current Mailing Address:

6205-A PEACHTREE DUNWOODY ROAD
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	VP	Title	MANAGER, PRESIDENT
Name	VICKERS, MARY A.	Name	ESSER, PATRICK J.
Address	6205-B PEACHTREE DUNWOODY ROAD	Address	6205-A PEACHTREE DUNWOODY ROAD
City-State-Zip:	ATLANTA GA 30328	City-State-Zip:	ATLANTA GA 30328
Title	MANAGER, SECRETARY	Title	MANAGER, VP
Name	HIGHTOWER, JENNIFER	Name	MCBRIDE, R. PERLEY
Address	6205-A PEACHTREE DUNWOODY ROAD	Address	6205-A PEACHTREE DUNWOODY ROAD
City-State-Zip:	ATLANTA GA 30328	City-State-Zip:	ATLANTA GA 30328
Title	AUTHORIZED MEMBER	Title	VP, TREASURER
Name	COXCOM, LLC	Name	FRIEDMAN, MARIA L.
Address	6205-B PEACHTREE DUNWOODY ROAD	Address	6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip:	ATLANTA GA 30328	City-State-Zip:	ATLANTA GA 30328
Title	ASST. SECRETARY		
Name	AVILA, LUIS A.		
Address	6205-B PEACHTREE DUNWOODY ROAD		
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: LUIS A. AVILA

ASST. SECRETARY

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date