

**2020 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 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  
Name VICKERS, MARY A.  
Address 6205-B PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title MANAGER  
Name ESSER, PATRICK J.  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title MANAGER  
Name PRYOR, JULIETTE W.  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title MANAGER  
Name MCBRIDER, PERLEY  
Address 6205-A PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title AUTHORIZED MEMBER  
Name COX TMI, INC.  
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:** MARY A. VICKERS

VP

04/17/2020

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

\_\_\_\_\_  
Date