


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90185 031 ****50.00

DOCUMENT # L00000008055 1. Entity Name FIRST CHOICE WIRELESS, LLC			
Principal Place of Business 6837 SYLVAN WOODS DRIVE SANFORD, FL 32771		Mailing Address 6837 SYLVAN WOODS DRIVE SANFORD, FL 32771	
2. Principal Place of Business 2875 Stags Leap Drive Suite, Apt. #, etc.		3. Mailing Address 2875 Stags Leap Drive Suite, Apt. #, etc.	
City & State Orange City FL		City & State Orange City FL	
Zip 32763		Zip 32763	
Country Volusia		Country Volusia	
6. Name and Address of Current Registered Agent FOSTER, ALLEN F 6837 SYLVAN WOODS DRIVE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Allen F Foster</i></u> DATE <u>2-18-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, ALLEN F 6837 SYLVAN WOODS DRIVE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID A. Foster 2875 Stags Leap Drive Orange City FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			
SIGNATURE <u><i>David A Foster</i></u> Manager		Date <u>2-18-2004</u> Daytime Phone # <u>407 256-5661</u>	

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01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3656920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required