

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000000274**

1. Entity Name  
**ALL WIRELESS SOLUTIONS, LLC**



Principal Place of Business  
**4468 SW 64TH AVENUE  
DAVIE, FL 33314**

Mailing Address  
**4468 SW 64TH AVENUE  
DAVIE, FL 33314**



01122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1065684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KROSS, JONATHAN P ESQ.  
2461 WEST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33442**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAURER, ERIC 7604 LEXINGTON LANE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURER, MURRAY J 440 VICTORIA TERR FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALOMON, SCOTT 3745 NE 171 ST., ST#8 N MIAMI BCH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/02/07-80103-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #