

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000274

FILED
Mar 29, 2008
Secretary of State

Entity Name: ALL WIRELESS SOLUTIONS, LLC

Current Principal Place of Business:

4468 SW 64TH AVENUE
DAVIE, FL 33314

New Principal Place of Business:

2201 COLLEGE AVENUE
DAVIE, FL 33317

Current Mailing Address:

4468 SW 64TH AVENUE
DAVIE, FL 33314

New Mailing Address:

2201 COLLEGE AVENUE
DAVIE, FL 33317

FEI Number: 65-1065684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAURER, ERIC
Address: 7604 LEXINGTON LANE
City-St-Zip: PARKLAND, FL 33067

Title: MGR () Delete
Name: MAURER, MURRAY J
Address: 440 VICTORIA TERR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: SALOMON, SCOTT
Address: 3745 NE 171 ST., ST#8
City-St-Zip: N MIAMI BCH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ERIC MAURER

MGRM

03/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date