

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002878

Entity Name: SATELLINK WEST, L.L.C.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13030 STATE ROAD 62  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 408  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 65-1089086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUMFORD, WILLIAM  
13030 STATE RD 62  
PARRISH, FL 34219 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  
Name: MUMFORD, WILLIAM W  
Address: 13030 STATE ROAD 62  
City-St-Zip: PARRISH, FL 34219

Title: MGRM  
Name: NEWMAN, JEFFREY D  
Address: 4014 MOSSY OAK DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: MGRM  
Name: FARRELL, JAMES E  
Address: 16216 NORTH 67TH STREET  
City-St-Zip: SCOTTSDALE, AZ 85254

I hereby 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: WILLIAM W. MUMFORD

MGRM

01/24/2011

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