2003 LIMITED LIABILITY COMPANY

FILED Jul 30, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # LO2000 R ADVANTAGE LLC	34172		07-14-2003 9032.	2 002 ******	*30.00	
Principal Place of Business		Mailing Address		55052702			
2841 47TH ST SW NAPLES FL 34116		2841 47TH ST SW NAPLES FL 34116			000		
ius		us			15	2000	
2. Principal Place of Business 4637 9th St. North Suite, Apt. #, etc.		3. Mailing Address 3841 47th St. Sw.		The last of the second			
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Star	Öles Horida	City & State Naples	Florida	4. FEI, Number 42/556348	———	pplied For ot Applicable	7
Zip 1	03 Country CUSA	34116	Country USA	5. Certificate of Status Desired	\$5.00 Ad Fee Require	ditional ed	7
	6. Name and Address of Current			7. Name and Address of New Registered	Agent]
FLO	RES, ERNESTINA A		Name		<u> </u>	<u> </u>	
	47TH ST SW		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
NAP!	LES FL 34116				· <u></u>		1
			City	FI	Zip Coc	le	1
	named entity submits this statement fo tions of registered agent.	r the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida. I arr	famillar with,	and accept]
SIGNATURE				and when reinstating) DATE		<u>-</u>	
	Signature, typed or printed name of registered agent in		TE: Registered Agent signature requir				1
•		·	OWIII FEE IS \$50.00 de to Florida Departm	1			
, , , ,	in the second se		y September 24, 2003	·			
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGE	\$		1_
TITLE :-	MGRM FLORES, JUAN D	Defete	TITLE		☐ Change	☐ Addition	1
NAME STREET ADDRESS	2841 47TH ST SW	•	NAME STREET ADDRESS				8
CFTY-ST-ZIP	NAPLES FL 34118		CITY-ST-ZIP	·	·		CR2E083 (4/ng
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CITY-ST-ZIP	·		CITY-ST-ZIP				l
TITLE		☐ Delete	TITLE		☐ Change	Addition	
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NAME STREET ADDRESS			NAME STREET ADDRESS				
			NAME STREET ADDRESS CITY-ST-ZIP				
STREET ADORESS CITY-ST-ZIP TITLE		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

11. It hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to object this report as required by Chapter 608, Florida Statutes.

*La*zauired IE OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood \$505d:102 \$102000034172

Secretary of State

July 16, 2003

CELLULAR ADVANTAGE LLC 2841 47TH ST SW NAPLES, FL 34116 US

Subject: CELLULAR ADVANTAGE LLC

Reference Number: L02000034172

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/AL ANNUAL REPORTS SECTION

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