### **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

#### DOCUMENT # L03000022416

FLORIDA WIRELESS SYSTEMS, LLC



MOCIEDA

Principal Place of Business

5914 CORAL RIDGE DR. CORAL SPRINGS, FL 33076 Mailing Address

5914 CORAL RIDGE DR. CORAL SPRINGS, FL 33076

# DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



FILED

Jun 14, 2006 8:00 am Secretary of State

06-14-2006 90257 017 \*\*\*\*50.00

CR2E083 (11/05) 02202006 No Chg-LLC 4. FEI Number Applied For

30-0185501 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

BOSS, ALAN 5914 CORAL RIDGE DR.

CORAL SPRINGS, FL 33076

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	•			
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or both	, in the State of Florida. I am familia	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
Di	ling Fee is \$50.00 ue by May 1, 2006			
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  BOSS, ALAN  -8738 NW 58TH COURT  PARKLAND, FL 33087 H///3 BORO BEACH FL	1LE		
NAME STREET ADDRESS CITY-ST-ZIP	# 205 33068			•
TITLE		•		

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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:

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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

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