

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031078

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** ADVANCE CELLTELL XESS, LLC

**Current Principal Place of Business:**

14210 CARLSON CIR.  
TAMPA, FL 33626 US

**New Principal Place of Business:**

8104 STONEFIELD WAY  
TAMPA, FL 33635 US

**Current Mailing Address:**

14210 CARLSON CIR.  
TAMPA, FL 33626 US

**New Mailing Address:**

8104 STONEFIELD WAY  
TAMPA, FL 33635 US

**FEI Number:** 45-0518358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LAKHANI, SHAHABUDDIN  
14210 CARLSON CIR.  
TAMPA, FL 33626 US

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

LAKHANI, SHAHABUDDIN  
8104 STONEFIELD WAY  
TAMPA, FL 33635 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAKHANI, SHAHABUDDIN  
Address: 14210 CARLSON CIR.  
City-St-Zip: TAMPA, FL 33626 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAKHANI, SHAHABUDDIN  
Address: 8104 STONEFIELD WAY  
City-St-Zip: TAMPA, FL 33635 US

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: SHAHABUDDIN LAKHANI

MGR

05/01/2009

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