

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90004 047 ****50.00

DOCUMENT # L03000047292 1. Entity Name IMAGINE WIRELESS, LLC					
Principal Place of Business 478 E. ALTAMONTE DR. STE. 108 ALTAMONTE SPRINGS, FL 32701			Mailing Address 478 E. ALTAMONTE DR. STE. 108 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3780744	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARROLL, COLLEEN 3728 MANDARIN WOODS DR. NO. JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name CARROLL, COLLEEN Street Address (P.O. Box Number is Not Acceptable) 14503 Mecca PI City Tampa FL Zip Code 33625		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Colleen K. Carroll</i></u> DATE <u>8-30-04</u> Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when requesting)					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, COLLEEN 478 E. ALTAMONTE DR., STE. 108 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARROLL, COLLEEN ☒ Change ☐ Addition 12157 N. Linebaugh #198 Tampa, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Colleen K. Carroll</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>8-30-04</u> 813-964-5829 Daytime Phone #		