2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 05, 2005
Secretary of State

DOCUMENT# L03000047292

Entity Name: IMAGINE WIRELESS, LLC

Current Principal Place of Business:

478 E. ALTAMONTE DR.
STE. 108
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

5364 EHRLICH RD.
147
TAMPA, FL 33624

Current Mailing Address:

478 E. ALTAMONTE DR.
STE. 108
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

5364 EHRLICH RD.
#147
TAMPA, FL 33624

FEI Number: 04-3780744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CARROLL, COLLEEN
14503 MECCA PLACE
TAMPA, FL 33625 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: COLLEEN CARROLL
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARROLL, COLLEEN
Address: 12157 N. LINEBAUGH, #198
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: CARROLL, COLLEEN
Address: 5364 EHRLICH RD. #147
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN CARROLL PRES 12/05/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date