

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047292

Entity Name: IMAGINE WIRELESS, LLC

FILED  
Aug 15, 2007  
Secretary of State

## Current Principal Place of Business:

5364 EHRLICH RD.  
# 147  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

5364 EHRLICH RD.  
#147  
TAMPA, FL 33624

## New Mailing Address:

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:

## Name and Address of New Registered Agent:

CARROLL, COLLEEN  
14503 MECCA PLACE  
TAMPA, FL 33625      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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGRM      ( ) Change (X) Addition  
Name: JAMES, ALDERMAN  
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 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: COLLEEN CARROLL

MGRM

08/15/2007

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