

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90110 045 \*\*\*\*50.00

**DOCUMENT # L04000030652**

1. Entity Name  
**SANSWIRE NETWORKS LLC**



Principal Place of Business

**9050 PINES BLVD  
SUITE 110  
PEMBROKE PINES, FL 33024**

Mailing Address

**9050 PINES BLVD  
SUITE 110  
PEMBROKE PINES, FL 33024**

**60039406**



2. Principal Place of Business - No P.O. Box #

**101 NE 3RD AVE**

3. Mailing Address

**101 N.E. 3RD. AVE.**

Suite, Apt. #, etc.

**Ste 1500**

Suite, Apt. #, etc.

**Ste. 1500**

04202007

Chg-LLC

CR2E083 (12/06)

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**05-0601695**

Applied For

Not Applicable

Zip

**33301**

Country

**Broward**

Zip

**33301**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN D. LEINWAND, P.A.**

**9050 PINES BLVD**

**SUITE 110**

**PEMBROKE PINES, FL 33024**

**101 NE 3RD AVE, Ste 1500**

**Ft. Lauderdale, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
GLOBETEL COMMUNICATIONS CORP.  
9050 PINES BLVD., SUITE 110  
PEMBROKE PINES, FL 33024**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Delete

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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:** *Jonathan Leinwand* **Secretary 4-20-07**

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

Date

Daytime Phone #