

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000043092

Entity Name: DINO CELLULAR LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8330 N. FLORIDA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1422  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 20-2783530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JIHADI, HICHAM  
8330 N. FLORIDA AVE  
TAMPA, FL 33604 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JIHADI, HICHAM  
Address: P.O BOX 1422  
City-St-Zip: LUTZ, FL 33548

Title: MGR  
Name: JIHADI, NOURDDINE  
Address: P.O BOX 1422  
City-St-Zip: LUTZ, FL 33548

Title: MGR  
Name: JIHADI, L'KHAMAR  
Address: P.O BOX 1422  
City-St-Zip: LUTZ, FL 33548

Title: MGR  
Name: FATMA, FLIHI  
Address: P.O BOX 1422  
City-St-Zip: LUTZ, FL 33548

I hereby 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: NOURDDINE JIHADI

MGR

04/29/2011

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