## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000101091

City-St-Zip:

PORT ST. LUCIE, FL 34953

Entity Name: WIRELESS ADVICE OF PORT ST. LUCIE LLC

FILED Jan 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3245 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** PO BOX 492036 FORT LAUDERDALE, FL 33349 US FEI Number: 20-3623686 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOULET, BEN B MR. 18540 SW 43 STREET MIRAMAR, FL 33029 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition BOULET, BEN B MR. Name: Name: Address: PO BOX 492036 Address: City-St-Zip: FORT LAUDERDALE, FL 33349 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: CAREY, LATANNIA Name: Address: 4402 SW CACAO STREET Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CAREY, LATASHA Name: Name: 981 SW MC ELROY AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: BEN BOULET PD 01/14/2008