

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101091

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** WIRELESS ADVICE OF PORT ST. LUCIE LLC

**Current Principal Place of Business:**

3178 W. COMMERCIAL BLVD.  
TAMARAC, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 590098  
TAMARAC, FL 333590098 US

**New Mailing Address:**

**FEI Number:** 20-3623686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOULET, BEN B MR.  
18540 SW 43 STREET  
MIRAMAR, FL 33029 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:** PD  
**Name:** BOULET, BEN B MR.  
**Address:** PO BOX 492036  
**City-St-Zip:** FORT LAUDERDALE, FL 33349 US

**Title:** VP  
**Name:** CAREY, LATANNIA  
**Address:** 4402 SW CACAO STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** MGR  
**Name:** CAREY, LATASHA  
**Address:** 981 SW MC ELROY AVENUE  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

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:** BEN BOULET

PD

04/19/2012

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