

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000086038

**FILED**  
**Oct 11, 2008**  
**Secretary of State**

**Entity Name:** CELL CITY LLC

**Current Principal Place of Business:**

4525 S FLORIDA AVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

2513 W HILLSBOROUGH  
TAMPA, FL 33614

**Current Mailing Address:**

4525 S FLORIDA AVE  
LAKELAND, FL 33813

**New Mailing Address:**

2513 W HILLSBOROUGH  
TAMPA, FL 33614

**FEI Number:** 20-5442726      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

CONCEPCION, EMILIO  
4525 S FLORIDA AVE  
LAKELAND, FL 33813      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:** EMILIO CONCEPCION

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** CONCEPCION, EMILIO  
**Address:** 4525 S FLORIDA AVE  
**City-St-Zip:** LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** CONCEPCION, EMILIO  
**Address:** 2513 W HILLSBOROUGH AVE  
**City-St-Zip:** TAMPA, FL 33614

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:** EMILIO CONCEPCION

MGR

10/11/2008

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