

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098283

Entity Name: WIRELESS ADVISORS LLC

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16225 45TH RD.  
WELLBORN, FL 32094

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 24275  
CHRISTIANSTED, VI 008240275

**New Mailing Address:**

FEI Number: 64-0950484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEBER, FREDERICK H  
16225 45TH ROAD  
WELLBORN, FL 32094 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: MGR  
Name: KLEBER, FREDERICK H  
Address: 16225 45TH RD.  
City-St-Zip: WELLBORN, FL 32094

Title: MGR  
Name: KLEBER, LISA M  
Address: 16225 45TH RD.  
City-St-Zip: WELLBORN, FL 32094

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: LISA M. KLEBER

MGR

01/21/2012

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