

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114510

**FILED**  
**Sep 09, 2009**  
**Secretary of State**

**Entity Name:** THE WIRELESS SHOP LLC

**Current Principal Place of Business:**

3904 W. HILLSBOROUGH AVE, SUITE F  
TAMPA, FL 33614

**New Principal Place of Business:**

3904 W. HILLSBOROUGH AVE.  
SUITE F  
TAMPA, FL 33614

**Current Mailing Address:**

3904 W. HILLSBOROUGH AVE, SUITE F  
TAMPA, FL 33614

**New Mailing Address:**

3904 W. HILLSBOROUGH AVE.  
SUITE F  
TAMPA, FL 33614

**FEI Number:** 20-5963824      **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:**

DKEIDEK, MOHAMAD  
3904 W HILLSBOROUGH AVE STE F  
TAMPA, FL 33614 US

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

DKEIDEK, MOHAMAD  
3904 W HILLSBOROUGH AVE.  
SUITE F  
TAMPA, FL 33614 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: MOHAMAD DKEIDEK

09/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DKEIDEK, MOHAMAD  
Address: 3904 W. HILLSBOROUGH AVE., SUITE F  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MOHAMAD DKEIDEK

MGRM

09/09/2009

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