

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90051 048 \*\*\*138.75

**60030453**



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-00404324** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DOCUMENT # L07000019785**

1. Entity Name  
**WIRELESS RESOURCE LLC**



Principal Place of Business  
**8623 S US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**8623 S US HIGHWAY 1  
PORT SAINT LUCIE, FL 34952**

2. Principal Place of Business - No P.O. Box #  
**8623 S US Hwy 1**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Port St Lucie, FL**

Zip  
**34984**

Country

6. Name and Address of Current Registered Agent

**WALLACE, BRUCE F  
2015 SE AIROSO BLVD  
PORT SAINT LUCIE, FL 34984**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, BRUCE F 2015 SE AIROSO BLVD PORT SAINT LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Bruce Wallace Bruce Wallace 4/21/08 772 233 3594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #