

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000059608

**FILED**  
**Dec 23, 2008**  
**Secretary of State**

**Entity Name:** GUARDIANLION WIRELESS, LLC

**Current Principal Place of Business:**

10460 ROOSEVELT BLVD NORTH  
STE 290  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

4925 ANDROS DRIVE  
TAMPA, FL 33629

**Current Mailing Address:**

10460 ROOSEVELT BLVD NORTH  
STE 290  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

4925 ANDROS DRIVE  
TAMPA, FL 33629

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

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

SCHIFINO, SR., WILLIAM J ESQ  
WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.  
ONE TAMPA CITY CENTER, STE 3200  
TAMPA, FL 33602 US

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

SCHIFINO, SR., WILLIAM J ESQ  
WILLIAMS SCHIFINO MANGIONE & STEADY P.A.  
ONE TAMPA CITY CENTER, STE 3200  
TAMPA, FL 33602 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: WILLIAM J. SCHIFINO, SR.

12/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: TROY, JOSEPH J  
Address: 4925 ANDROS DRIVE  
City-St-Zip: TAMPA, FL 33629

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: JOSEPH J. TROY

MGRM

12/23/2008

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