

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JAN 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L07000067402 1. Entry Name TEAM CELLULAR LLC					
Principal Place of Business 7238 THOMAS DRIVE, SUITE PANAMA CITY BEACH, FL 32408			Mailing Address 7238 THOMAS DRIVE, SUITE PANAMA CITY BEACH, FL 32408		
2. Principal Place of Business - No P.O. Box # 2619 Willow Oak Ct Suite, Apt. #, etc.		3. Mailing Address 2619 Willow Oak Ct Suite, Apt. #, etc.			
City & State Panama City Beach, FL Zip Country 32408 USA		City & State Panama City Beach, FL Zip Country 32408 USA		4. FEI Number 71-1032622 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KOEPPE, MARCIA 2619 WILLOW OAK COURT PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name Gulledge, Steven Street Address (P.O. Box Number is Not Acceptable) 2619 Willow Oak Ct City Panama City Beach, FL Zip Code 32408		
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 <u><i>Steven Gulledge</i></u> Steven Gulledge <u>Jan 16, 2009</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEPPE, MARCIA 2619 WILLOW OAK COURT PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900141466759 01/20/09--01033--006 **5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULLEDGE, STEVEN 2619 WILLOW OAK COURT PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900141466759 01/20/09--01033--007 **277.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 08-09 CK 1-22-09	
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: <u><i>Steven Gulledge</i></u> Steven Gulledge <u>Jan 16, 2009</u> 850-866-0860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					