

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JAN 21 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162009 REIN-LLC CR2E101 (1/07)

<b>DOCUMENT # L07000067402</b> 1. Entry Name <b>TEAM CELLULAR LLC</b>			
Principal Place of Business <b>7238 THOMAS DRIVE, SUITE PANAMA CITY BEACH, FL 32408</b>		Mailing Address <b>7238 THOMAS DRIVE, SUITE PANAMA CITY BEACH, FL 32408</b>	
2. Principal Place of Business - No P.O. Box # <b>2619 Willow Oak Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>2619 Willow Oak Ct</b> Suite, Apt. #, etc.	
City & State <b>Panama City Beach, FL</b> Zip Country <b>32408 USA</b>		City & State <b>Panama City Beach, FL</b> Zip Country <b>32408 USA</b>	
4. FEI Number <b>71-1032622</b>		Applied For <input checked="" 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  <b>KOEPPE, MARCIA 2619 WILLOW OAK COURT PANAMA CITY BEACH, FL 32408</b>		7. Name and Address of New Registered Agent Name <b>Gulledge, Steven</b> Street Address (P.O. Box Number is Not Acceptable) <b>2619 Willow Oak Ct</b> City <b>Panama City Beach, FL</b> Zip Code <b>32408</b>	
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> <b>Steven Gulledge</b>		DATE <u>Jan 16, 2009</u>	
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
<b>B. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TITLE NAME STREET ADDRESS CITY-ST-ZIP
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> <b>Steven Gulledge</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <u>Jan 16, 2009</u>	
		DAYTIME PHONE # <u>850-866-0860</u>	