

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069087

FILED
Aug 10, 2009
Secretary of State

Entity Name: TIGER TALK WIRELESS LLC

Current Principal Place of Business:

634 S OHIO AVE
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

634 S OHIO AVE
LIVE OAK, FL 32064

New Mailing Address:

P O BOX 733
LAKE CITY, FL 32056

FEI Number: 26-2563629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

GARNER, JOSHUA M
185 NW FRIENDSHIP WAY
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

GARNER, JOSHUA M
634 S OHIO AVE
LIVE OAK, FL 32064 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:

08/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARNER, JOSHUA M
Address: 185 NW FRIENDSHIP WAY
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: PRYCE, BRENDA P
Address: 634 S OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARNER, JOSHUA M
Address: 634 S OHIO AVE
City-St-Zip: LIVE OAK, FL 32064

Title: MGR (X) Change () Addition
Name: PRYCE, BRENDA P
Address: P O BOX 733
City-St-Zip: LAKE CITY, FL 32056

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: BRENDA PRYCE

MGR

08/10/2009

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