

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000095238

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** AERIAL WAVE LLC

**Current Principal Place of Business:**

8435 SW 156TH PLACE  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

8435 SW 156TH PLACE  
DUNNELLON, FL 34432

**New Mailing Address:**

**FEI Number:** 27-1269063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STROUD, KENNETH E  
8435 SW 156TH PLACE  
DUNNELLON, FL 34432 US

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

HAMMETT, JOHN R CPA  
7280 SW HIGHWAY 200  
OCALA, FL 34476 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: JOHN R. HAMMETT, CPA

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STROUD, KENNETH E  
Address: 8435 SW 156TH PLACE  
City-St-Zip: DUNNELLON, FL 34432

Title: MM  
Name: MALDONADO, JAMES E  
Address: 3342 PENNINGTON DR  
City-St-Zip: LITHONIA, GA 30038

Title: MM  
Name: BARRETT, MIKE R  
Address: 115 PRICE HILLS CT  
City-St-Zip: SUGAR HILL, GA 30518

Title: MM  
Name: MILLER, CRAIG L  
Address: 98 FALCON CREST TR.  
City-St-Zip: JONESBORO, GA 30328

I hereby 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: KENNETH E. STROUD

MGR

02/16/2011

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