

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099534

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** TELEPHONE POLES, LLC

**Current Principal Place of Business:**

5 CASTLE DR  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

10 S MIAN  
STE 104  
MT CLEMENS, MI 48043

**New Mailing Address:**

**FEI Number:** 27-1171864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, SCOTT M  
5 CASTLE DR  
NOKOMIS, FL 34275 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SIMMONS, SCOTT  
**Address:** 10 S MAIN - STE 104  
**City-St-Zip:** MT CLEMENS, MI 48043

**Title:** MGR  
**Name:** CAMILLERI, DAVID A  
**Address:** 10 S MAIN - STE 104  
**City-St-Zip:** MT CLEMENS, MI 48043

**Title:** MGR  
**Name:** PALAZZOLA, DOMINIC  
**Address:** 10 S MAIN - STE 104  
**City-St-Zip:** MT CLEMENS, MI 48043

**Title:** MGR  
**Name:** SARVER, WES  
**Address:** 10 S MAIN - STE 104  
**City-St-Zip:** MT CLEMENS, MI 48043

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:** SCOTT SIMMONS

MGR

04/23/2010

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