

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099534

Entity Name: TELEPHONE POLES, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**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 M. SIMMONS

MGR

04/21/2011

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