

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125212

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** CELL PLUS OF TAMPA LLC

**Current Principal Place of Business:**

2289 E BEARS AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

2289 E BEARSS AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

2289 E BEARS AVENUE  
TAMPA, FL 33613

**New Mailing Address:**

2289 E BEARSS AVENUE  
TAMPA, FL 33613

**FEI Number:** 45-3731943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABRAHAM, REYAD  
2289 E BEARS AVENUE  
TAMPA, FL 33613 US

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

ELMOHD, FAWZI N  
2289 E BEARSS AVENUE  
TAMPA, FL 33613 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: FAWZI N. ELMOHD

03/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELMOHD, FAWZI  
Address: 2289 E BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: MGRM  
Name: ELMOHD, NOUR  
Address: 2289 E BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

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: FAWZI ELMOHD

MGRM

03/22/2012

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