

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

FILED *hr 7/30*
99 JUL 28 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003322**

CELLSPOT, L.L.C.
3100 N.W. 72ND AVE., SUITE 102
MIAMI FL 33122

1a. Principal Place of Business Address

3100 N.W. 72ND AVE., SUITE 1
MIAMI FL 33122

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/21/1998

FL

4. FEI Number

65-0890500

☐ Applied For

☐ Not Applicable

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

Zip

Country

Zip

Country

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

KTG&S REGISTERED AGE, NT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SOSA, LUIS E	3100 N.W. 72ND AVE., SUITE	MIAMI FL
MGR	SOSA ARIZA, JOSE R	3100 N.W. 72ND AVE., SUITE	MIAMI FL

800002949158--8
-08/03/99--01066--004
****588.75 ****588.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #