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AND
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10/2

01 AUG 17 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *M00000002051*

1. Entity Name

Florida Cellular Service, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

5565 Glenridge Connector

3. Mailing Address

5565 Glenridge Connector

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1700

DO NOT WRITE IN THIS SPACE

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
59-1536270

Applied For
Not Applicable

Zip
30342

Country

Zip
30342

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
BellSouth Mobility LLC
Sole Member
5565 Glenridge Connector
Atlanta, GA 30342

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

Elizabeth A. Mussell, Auth. Rep.

08/15/01

404/236-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

200004539612-2

8-17-01

20/2



ACCOUNT NO. : 072100000032

REFERENCE : 429056 4386365

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : August 16, 2001

ORDER TIME : 8:54 AM

ORDER NO. : 429056-055

CUSTOMER NO: 4386365

CUSTOMER: Ms. Elizabeth Mussell
Cingular Wireless
5565 Glenridge Connector
Suite 1700
Atlanta, GA 30342

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 17 AM 9:42

NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

SUBJECT: FLORIDA CELLULAR SERVICE, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____