

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0074941

DOCUMENT # M01000002776

1. Entity Name

MARLIN WIRELESS, LLC



FILED
FILED
003 APR 14 PM 3:15
003 APR 14 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

50 W. LIBERTY STREET. STE 650
RENO NV 89501

Mailing Address

50 W. LIBERTY STREET. STE 650
RENO NV 89501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 88-0511123

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STAPLES III, JOHNSTON R
3600 COMMERCE BLVD
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name Richard W. BAKER
Street Address (P.O. Box Number is Not Acceptable) 2535 Success Drive
City Odessa FL Zip Code 33556

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/10/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME BAKER, RICHARD W
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600014679626
03/25/03--01043--016 **75.00

TITLE MGR
NAME SPEER, ROY M
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA FL ☐ Delete

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

TITLE MGR
NAME STAPLES III, JOHNSTON R
STREET ADDRESS 3600 COMMERCE BLVD
CITY-ST-ZIP KISSIMMEE FL ☒ Delete

TITLE Celia BACHMAN-mgr
NAME 3600 Commene Blvd.
STREET ADDRESS Kissimmee, FL 34741
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

TITLE
NAME
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:

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

3/24/03

407 251 2020

CR2E083 (10/02)