

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90272 049 ****50.00

DOCUMENT # M02000000685

1. Entity Name

WIRELESS ACCESSORIES, LLC



Principal Place of Business

2288 WILHELMINA CT. NE
PALM BAY FL 32905

Mailing Address

2288 WILHELMINA CT. NE
PALM BAY FL 32905

2. Principal Place of Business

1591 Robert J. Conlan Blvd.

3. Mailing Address

1591 Robert J. Conlan Blvd.

Suite, Apt. #, etc.

Suite 128

Suite, Apt. #, etc.

Suite 128

City & State

Palm Bay, FL

City & State

Palm Bay, FL

Zip

32905

Country

USA

Zip

32905

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

46-0470829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. I, 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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
D & L PARTNERS, L.P.
13541 WESTON PARK DRIVE
TOWN AND COUNTY MO 63131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KRETSCHMAR, DEAN
3100 N.E. 57TH ST.
FT. LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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

Dean Kretschmar

04/29/03

321-768-7770

Date

Daytime Phone #

CP2E083 (10/02)