

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90147 050 \*\*\*\*50.00

DOCUMENT # M02000000984

1. Entity Name  
INTEGRATED WIRELESS CONSULTING L.L.C.



Principal Place of Business  
801 INTERNATIONAL PARKWAY  
LAKE MARY, FL 32746

Mailing Address  
1421 SHADWELL CIRCLE  
LAKE MARY, FL 32746

24078902



2. Principal Place of Business

3. Mailing Address

07212004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
30-0001728

Applied For  
Not Applicable

City & State  
Lake Mary, FL

City & State  
FL

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Zip  
32746

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSSEIFFI, MARIO  
801 INTERNATIONAL PARKWAY  
LAKE MARY, FL 32746

Name  
Salma A. Yousif  
Street Address (P.O. Box Number is Not Acceptable)  
1421 Shadwell Cir.  
City  
Lake Mary, FL Zip Code  
32746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
HAILAB, DAWIT  
STREET ADDRESS  
1421 SHADWELL CIRCLE  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☐ Delete

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

TITLE  
NAME  
MGRM  
KOSSIEFI, MARIO  
STREET ADDRESS  
801 INTERNATIONAL PKWY  
CITY-ST-ZIP  
LAKE MARY, FL 32746 ☒ Delete

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

TITLE  
NAME  
MGRM  
WARREN, JOSEPH  
STREET ADDRESS  
12477 TELELOMOVIVE  
CITY-ST-ZIP  
TAMPA, FL 33637 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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

Date

Daytime Phone #

7/20/2004 (407) 538-2004