

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001867

1. Entity Name
WIRELESS TELCORP FLORIDA, LLC



Principal Place of Business
2080 N. HWY. 360, STE. 100
GRAND PRAIRIE, TX 75050

Mailing Address
2080 N. HWY. 360, STE. 100
GRAND PRAIRIE, TX 75050



05012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0728606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

INCORP. SERVICES, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SIMMONS, LARRY
2080 N. HWY. 360, STE. 100
GRAND PRAIRIE, TX 75050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DAWSON, WEYHER
2510 RAEFORD RD.
FAYETTEVILLE, NC 28305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SOWELL, JIM
1601 ELM ST., 3RD FL
DALLAS, TX 75201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000155401
05/05/04-80035-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LARRY SIMMONS 4/30/04 (972) 364-2330