

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90174 008 \*\*\*\*50.00

**DOCUMENT # M03000003587**

1. Entity Name  
**PHONETEC PCS, LLC**



Principal Place of Business  
**3300 NORTH A STREET, BLDG. ONE, STE. 108  
MIDLAND, TX 79705**

Mailing Address  
**3300 NORTH A STREET, BLDG. ONE, STE. 108  
MIDLAND, TX 79705**

2. Principal Place of Business - No P.O. Box #  
**7000 Almey**

3. Mailing Address  
**P.O. Box 9190**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Midland TX**

City & State  
**Midland TX**

Zip  
**79707**

Country

Zip  
**79708**

Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**75-2868075**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

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. 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 May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
LOWERY, JOHN  
3300 NORTH A STREET, BLDG. ONE, SUITE 108  
MIDLAND, TX 79705**

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7000 Almey  
Midland, TX 79707**

☒ 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  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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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 exemptions contained in Chapter 119, 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 #

**4/27/07 432-684-1140**