

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 18 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000004038

1. Entity Name
ACCELLULAR, LLC



Principal Place of Business
2010 N.W. 84TH AVENUE
MIAMI, FL 33122

Mailing Address
2010 N.W. 84TH AVENUE
MIAMI, FL 33122

Handwritten initials



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3124643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, CLAYTON E ESQ.
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

**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 reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CLAURE, MARCELO
2010 N.W. 84TH AVENUE
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FUMAGALI, OSCAR J
2010 N.W. 84TH AVENUE
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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:

Handwritten signature

04/18/06 305-477-8676

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

Date

Daytime Phone #