

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90065 022 ***138.75

60010013



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5953744

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

DOCUMENT # M07000005651

1. Entity Name
CLEARSHOT TOWERS, LLC



Principal Place of Business
7 GREAT VALLEY PARKWAY, SUITE 129
MALVERN, PA 19355

Mailing Address
7 GREAT VALLEY PARKWAY, SUITE 129
MALVERN, PA 19355

2. Principal Place of Business - No P.O. Box #
5 Great Valley Pkwy
Suite, Apt. #, etc.
#333
City & State
Malvern Pa
Zip
19355 Country
US

3. Mailing Address
5 Great Valley Pkwy
Suite, Apt. #, etc.
#333
City & State
Malvern Pa
Zip
19355 Country
US

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, DAVID U 7 GREAT VALLEY PARKWAY, SUITE 129 MALVERN, PA 19355	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOLAN, BROOKE 7 GREAT VALLEY PARKWAY, SUITE 129 MALVERN, PA 19355	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MILLER, SARAH 7 GREAT VALLEY PARKWAY, SUITE 129 MALVERN, PA 19355	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, President 5 Great Valley Pkwy #333 Malvern	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Great Valley Pkwy #333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Great Valley Pkwy #333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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** **1/2/08** **610 648-3855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #