

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001733

1. Entity Name

LOUISIANA UNWIRED, LLC

FILED

00 FEB -4 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE LAKESHORE DRIVE, 19TH FLOOR
LAKE CHARLES LA 70629

Mailing Address

ONE LAKESHORE DRIVE, 19TH FLOOR
LAKE CHARLES LA 70629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1407430

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PIPER, ROBERT
STREET ADDRESS P.O. BOX 3709
CITY-ST-ZIP LAKE CHARLES LA 70602

☐ Delete

TITLE ASSISTANT MANAGER
NAME THOMAS G. HENNING
STREET ADDRESS ONE LAKESHORE DR, STE 1900
CITY-ST-ZIP LAKE CHARLES, LA 70629

☐ Delete

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #