2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001733

1. Entity Name

LOUISIANA UNWIRED, LLC



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90004 006 ****50.00

	Principal Place	e of Business		Mailing Address								
Suite, Apt. #. otc. City & State	901 LAKESHORE DRIVE, STE. 900 LAKE CHARLES LA 70601											
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S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Addr	City & State			City & State			4. FEI Num	12-140/400				
Name	Zip Country			Zip Country			5. Certificat					
Name		6. Name and Addr	ess of Current Reg	Istered Agent			7. Name an	d Address of New Regis	tered Ag	jent		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sirce Address (P.C. Box Number is Not Acceptable)					۔ ۔ سی	Name -	FAECT A	<u> </u>				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of registered agent, or both, in the State of Florida. I am I-limitar with, and accept the collegations of the collegations	1200	SOUTH PINE ISLA				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. Signature Signa	PLAN	MIAIION FL 33324										
SIGNATURE Signature Presented registered agent as State application. (NOTE Registered Agent agralulum majored whom reinstating) DATE					City	<u></u>	 	FL	Zip Cod	le		
SIGNATURE Synature, typed or printed name of registered agent and so it applicable. (NOTE Registered Agent algorithm required when rendating) DATE				e purpose of changing its	register	ed office or reg	gistered agent, or b	oth, in the State of Florida	. I am fai	miliar with,	and accept	
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		entify that the informati	on supplied with this	s filing does not qualify to			in Section 119 07/3	(Ni) Florida Statutes I furt	her certif	v that the i	information	

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 #