

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101091

Entity Name: WIRELESS ADVICE OF PORT ST. LUCIE LLC

Current Principal Place of Business:

3178 W. COMMERCIAL BLVD.
TAMARAC, FL 33309

Current Mailing Address:

P.O. BOX 590098
TAMARAC, FL 33359-0098 US

FEI Number: 20-3623686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAM J. KATZ, P.A.
5571 N UNIVERSITY DR., SUITE 204
CORAL SPRINGS, FL 33067 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PD
Name BOULET, BEN B MR.
Address PO BOX 492036
City-State-Zip: FORT LAUDERDALE FL 33349

Title VP
Name CAREY, LATANNIA
Address 4402 SW CACAO STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title MGR
Name CAREY, LATASHA
Address 981 SW MC ELROY AVENUE
City-State-Zip: PORT ST. LUCIE FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEN BOULET

OWNER

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date