

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000020545

Entity Name: TOWERCOM V, LLC

Current Principal Place of Business:

1 INDEPENDENT DR STE 1600
JACKSONVILLE, FL 32202

Current Mailing Address:

1 INDEPENDENT DR STE 1600
JACKSONVILLE, FL 32202

FEI Number: 27-4824183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIELDS, DAVID R
1 INDEPENDENT DR STE 1600
JACKSONVILLE, FL 32202 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 MGRM
Name TOWERCOM, LLC
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOWERCOM, LLC

MGRM

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date