

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0100000017

**Entity Name:** CELLULAR SOUTH EQUIPMENT LEASING, LLC

**Current Principal Place of Business:**

1018 HIGHLAND COLONY PARKWAY  
SUITE 330  
RIDGELAND, MS 39157

**Current Mailing Address:**

1018 HIGHLAND COLONY PARKWAY  
SUITE 330  
RIDGELAND, MS 39157

**FEI Number:** 64-0934629

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AUTHORIZED MEMBER  
Name CELLULAR SOUTH INC.  
Address 1018 HIGHLAND COLONY PKWY STE  
330  
City-State-Zip: RIDGELAND MS 39157

Title AUTHORIZED MEMBER  
Name CELLUAR SOUTH PARTNER INC  
Address 1018 HIGHLAND COLONY PKWY STE  
330  
City-State-Zip: RIDGELAND MS 39157

Title MANAGER  
Name CELLULAR SOUTH, INC.  
Address 1018 HIGHLAND COLONY PARKWAY  
SUITE 330  
City-State-Zip: RIDGELAND MS 39157

*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:** CELLULAR SOUTH INC.

MANAGER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date