

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006685

**Entity Name:** METROPCS NETWORKS FLORIDA, LLC

**Current Principal Place of Business:**

12920 SE 38TH STREET  
BELLEVUE, WA 98006

**Current Mailing Address:**

C/O JULIE NELSON, PARALEGAL  
12920 SE 38TH STREET  
BELLEVUE, WA 98006 US

**FEI Number:** 20-4957100

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name MILLER, DAVID A.  
Address C/O D. MATTIS, SR. PARALEGAL  
12920 SE 38TH STREET  
City-State-Zip: BELLEVUE WA 98006

Title MGR  
Name KEYS, THOMAS C  
Address C/O D. MATTIS, SR. PARALEGAL  
12920 SE 38TH STREET  
City-State-Zip: BELLEVUE WA 98006

Title MGR  
Name CARTER, J BRAXTON  
Address C/O D. MATTIS, SR. PARALEGAL  
12920 SE 38TH STREET  
City-State-Zip: BELLEVUE WA 98006

Title ASST. SECRETARY  
Name MOCK, SARAH E  
Address 12920 SE 38TH STREET  
City-State-Zip: BELLEVUE WA 98006

*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:** SARAH E. MOCK

**ASST. SECRETARY**

**04/18/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date