

**2021 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B07000000360

**Entity Name:** ASSURANCE WIRELESS USA, L.P.

**Current Principal Place of Business:**

12920 SE 38TH STREET  
BELLEVUE, WA 98006

**Current Mailing Address:**

12920 SE 38TH STREET  
BELLEVUE, WA 98006 US

**FEI Number:** 94-3410099

**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

**General Partner Detail :**

Document # M07000007102

Name VMU GP, LLC

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATIE TRUE-AWTRY

**ASSISTANT SECRETARY** 04/20/2021  
**FOR THE GP**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date