

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013309 1. Entity Name PREFERRED BUSINESS CABLING OF FLORIDA, LLC	
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Principal Place of Business 6597 29TH ST. N. SAINT PETERSBURG, FL 33702	Mailing Address 6597 29TH ST. N. SAINT PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE

02172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3671704	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAVEY, JOHN H
6597 29TH ST. N.
SAINT PETERSBURG, FL 33702

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARWOOD, ERIC 6597 29TH ST. N ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAVEY, JOHN 6597 29TH ST. N. SAINT PETERSBURG, FL 33702
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03/07/05-80099-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-3-05 727-528-1212