

L08 0000 97341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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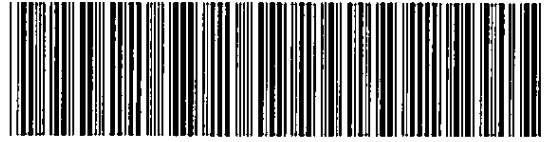
(Business Entity Name)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KLACORALGABLES, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER MORLA  
Name of Person

PACIFIC CABLE TELEVISION INC.  
Firm/Company

1728 CORAL WAY, SUITE 800  
Address

MIAMI, FL 33145  
City/State and Zip Code

jmorla@batanmiami.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Morla at ( 305 ) 529-2488  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

