

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0055893

DOCUMENT # L00000012580

1. Entity Name

LAKE MARION CABLE SERVICES, L.L.C.



FILED

03 APR 16 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11860 W. STATE ROAD 84.. B-15  
DAVIE FL 33325

Mailing Address

11860 W. STATE ROAD 84.. B-15  
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3705599

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROBBINS, CHARLES D  
5214 LA GORCE DRIVE  
MIAMI BEACH FL 33140-2106

7. Name and Address of New Registered Agent

Name  
E.H.G. Resident Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

5100 Town Center Circle  
Suite 430

City  
Boca Raton

FL

Zip Code  
33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

00016091060

04/15/03--01016--030 \*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DAVENPORT, RICHARD  
11860 W STATE ROAD 84 #B-15  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Sr. Vice President  
R. Redding Stevenson  
424 Allspice Court  
Kissimmee, FL 34759 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GOLON, AMMON  
11860 W STATE ROAD 84 #B-15  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVENPORT, J. STEVEN  
11860 W STATE ROAD 84 #B-15  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SMITH, ARNIE  
11860 W STATE ROAD 84 #B-15  
DAVIE FL 33325 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SELLEKE, TOM  
11860 W STATE ROAD 84 #B-15  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 company and am empowered to execute this report as required by Chapter 608, Florida Statutes.

CR2E083 (10/02)