

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012971

**Entity Name:** CAABEL, LC

**Current Principal Place of Business:**

4153 NW132ST  
MIAMI, FL 33054

**Current Mailing Address:**

4153 NW132ST  
MIAMI, FL 33054 US

**FEI Number:** 65-1153951

**Certificate of Status Desired:** No

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

BEKERMANN, LEON  
4153 NW 132ST  
MIAMI, FL 33054 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 MGRM  
Name BEKERMANN, LEON  
Address 4153 NW132ST  
City-State-Zip: MIAMI FL 33054

Title MGRM  
Name BECKERMANN, FRENY  
Address 4153 NW132ST  
City-State-Zip: MIAMI FL 33054

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEON BEKERMANN

**DIRECTOR**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date