

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000409826

**Entity Name:** CABLE FREAK LLC

**Current Principal Place of Business:**

9933 SHADOW CREEK DR  
ORLANDO, FL 32832

**Current Mailing Address:**

9933 SHADOW CREEK DR  
ORLANDO, FL 32832

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RIVERA, XAVIER F  
9933 SHADOW CREEK DR  
ORLANDO, FL 32832 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:** XAVIER RIVERA

04/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MANAGER              | Title           | MANAGER              |
| Name            | RIVERA, XAVIER F     | Name            | DIAZ, FRANCESCA G    |
| Address         | 9933 SHADOW CREEK DR | Address         | 9933 SHADOW CREEK DR |
| City-State-Zip: | ORLANDO FL 32832     | City-State-Zip: | ORLANDO FL 32832     |

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

**SIGNATURE:** XAVIER RIVERA

MANAGER

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date