

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010657

1. Entity Name
KABLELINK COMMUNICATIONS, LLC



Principal Place of Business
4410 W. CREST AVE.
TAMPA, FL 33614

Mailing Address
4410 W. CREST AVE.
TAMPA, FL 33614



04222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3727831

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, STEPHEN C
315 S. HYDE PARK AVE.
TAMPA, FL 33606

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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 this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CUFFE, CRAIG
4410 W. CREST AVE.
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DUBOIS, JOHN
4410 W. CREST AVE.
TAMPA, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000358908
05/04/05-80133-009 50.00

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11. 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 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 4/25/04 Daytime Phone # 813-874-1500