

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012971

FILED
May 19, 2009
Secretary of State

Entity Name: CAABEL, LC

Current Principal Place of Business:

4153 NW 132 ST
MIAMI, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

4153 NW 132 ST
MIAMI, FL 33054 US

New Mailing Address:

FEI Number: 65-1153951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAYNE, TODD S
4000 HOLLYWOOD BLVD
#400-NORTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEKERMAN, LEON
Address: 4153 NW 132 ST
City-St-Zip: MIAMI, FL 33054

Title: MGRM () Delete
Name: CASTILLA, RAUL
Address: 4153 NW 132 ST
City-St-Zip: MIAMI, FL 33054

Title: MGRM () Delete
Name: BECKERMAN, FRENY
Address: 4153 NW 132 ST
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LEON BEKERMAN

MR

05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date