

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030438

Entity Name: COVINGTON CABLENET, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

4566 HIGHWAY 20 EAST, STE. 206
NICEVILLE, FL 32578

New Principal Place of Business:

4566 HIGHWAY 20 EAST, STE. 204
NICEVILLE, FL 32578

Current Mailing Address:

4566 HIGHWAY 20 EAST, STE. 206
NICEVILLE, FL 32578

New Mailing Address:

4566 HIGHWAY 20 EAST, STE. 204
NICEVILLE, FL 32578

FEI Number: 01-0757577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDORMAN, DARREN
4566 HIGHWAY 20 EAST, STE. 204
NICEVILLE, FL 32578 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: QUARRY COMMUNICATION, S INC
Address: 4566 HWY 20 E #206
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: MCDORMAN DEVELOPMENT, INC
Address: 4566 HWY 20 E # 204
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUARRY COMMUNICATION, S INC
Address: 4566 HWY 20 E #204
City-St-Zip: NICEVILLE, FL 32578 US

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: MICHAEL W MCDORMAN

MGRM

01/08/2008

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