

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034562

1. Entity Name
CABLE'S USA, L.L.C.



Principal Place of Business

208 NE 3RD ST
MIAMI, FL 33132

Mailing Address

208 NE 3RD ST
MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



02102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
57-1145546

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1100000305743
04/14/05-80097-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SURRENTINI, UMBERTO
4557 NW 96 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CALANDRIELLO, MARIA
4557 NW 96 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SURRENTINI, JULIETA
4557 NW 96 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SURRENTINI, FRANCISCO
4557 NW 96 AVE.
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

04/11/05

Date

305-373-7855

Daytime Phone #