

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90287 029 \*\*\*\*50.00

**DOCUMENT # L02000035162**

1. Entity Name  
FLORIDA CABLE CONTRACTORS, L.C.



Principal Place of Business  
115 EAST KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

Mailing Address  
PO BOX 2210  
PLANT CITY, FL 33564

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
92-0179039

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

TANCREDO, CHRISTOPHER A ESQ  
1306 THONOTOSASSA ROAD  
PLANT CITY, FL 33563

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MCGAVIN, SANDRA DEAN  
115 E. KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

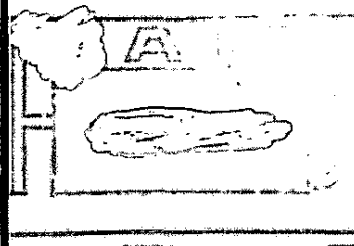
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
LOYD, KIRK  
115 E. KNIGHTS GRIFFIN ROAD  
PLANT CITY, FL 33565

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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)(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:** *Sandra D. McGavin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/3/03*

*(813) 689-1551*

Date

Daytime Phone #