

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000021917

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** CABLE TELEVISION INSTALLATION & SERVICE, LLC

**Current Principal Place of Business:**

1960 STICKNEY POINT RD  
SUITE 205  
SARASOTA, FL 34231

**New Principal Place of Business:**

5453 N 59TH STREET  
TAMPA, FL 33610

**Current Mailing Address:**

5453 N. 59TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

5453 N 59TH STREET  
TAMPA, FL 33610

**FEI Number:** 26-0069076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEHRENFELD, CRAIG E  
601 BAYSHORE BLVD  
SUITE 700  
TAMPA, FL 33606 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  
Name: MULLER, CALVIN F  
Address: 8904 DUVAL LANE  
City-St-Zip: SARASOTA, FL 34231

Title: MGRM  
Name: SOROS, MICHAEL A  
Address: 2809 NORWOOD HILLS LANE  
City-St-Zip: VALRICO, FL 33594

I hereby 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 A SOROS

MGRM

01/25/2012

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