

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045457

Entity Name: D.P. CABLE, LLC

FILED  
Mar 06, 2008  
Secretary of State

## Current Principal Place of Business:

4520 OAKCREEK ST.  
APT. #202  
ORLANDO, FL 32835 US

## Current Mailing Address:

4520 OAKCREEK ST.  
APT. #202  
ORLANDO, FL 32835 US

## New Principal Place of Business:

6673 TIME SQUARE AVE  
APT. #102  
ORLANDO, FL 32835 US

## New Mailing Address:

6673 TIME SQUARE AVE  
APT. #102  
ORLANDO, FL 32835 US

FEI Number: 20-0417269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROHORENKOVS, DMITRIJS MGR  
4520 OAKCREEK ST.  
APT. #202  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

PROHORENKOVS, DMITRIJS MGR  
6673 TIME SQUARE AVE  
APT. #102  
ORLANDO, FL 32835 US

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:

03/06/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PROHORENKOVS, DMITRIJS  
Address: 4520 OAKCREEK ST. APT. #202  
City-St-Zip: ORLANDO, FL 32835 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PROHORENKOVS, DMITRIJS  
Address: 6673 TIME SQUARE AVE APT. #102  
City-St-Zip: ORLANDO, FL 32835 US

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: PROHORENKOVS, DMITRIJS

MGR

03/06/2008

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