## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000046574**

1. Entity Name

KABLELINK ELECTRIC, LLC



**FILED** May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

4410 W. CREST AVENUE TAMPA, FL 33614

Mailing Address

4410 W. CREST AVENUE TAMPA, FL 33614



04222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0545091

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SULLIVAN, STEPHEN C 11603 LIPSEY ROAD TAMPA, FL 33618

## 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, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CUFFE, CRAIG
STREET ADDRESS	4410 W. CREST AVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	MGR
NAME	DUBOIS, JOHN
STREET ADDRESS	4410 W. CREST AVE.
CITY-ST-ZIP	TAMPA, FL 33614
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	

05/04/05-80032-006 50.00

## 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?

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

813-874-1500

Daytime Phone #