

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-22-2004 90358 013 ****50.00

34005164



MOORE CR2E083 (11/03)

DOCUMENT # L03000046601

1. Entity Name

THOMPSON CABLE SERVICES, LLC



Principal Place of Business

472 WILDFOX DRIVE
CASSELBERRY FL 32707

Mailing Address

472 WILDFOX DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

200418793

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, LESMORE C
472 WILDFOX DRIVE
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
THOMPSON, LESMORE C
472 WILDFOX DRIVE
CASSELBERRY FL 32707

☐ Delete

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

4/20/04 407 718-2677
Date Daytime Phone #