

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051138

FILED  
Jan 12, 2008  
Secretary of State

**Entity Name:** MATT'S WIRING CABLE & PHONE, LLC

**Current Principal Place of Business:**

3724 SW 11TH AVE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

3734 SW 11TH AVE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

3734 SW 11TH AVE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 81-0639416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EVANS, MATTHEW P  
3734 SW 11TH AVE  
CAPE CORAL, FL 33914 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: MGR ( ) Delete  
Name: EVANS, MATTHEW P MGR  
Address: 3734 SW 11TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MATTHEW P. EVANS

MGR

01/12/2008

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