

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90359 033 ****50.00

DOCUMENT # L03000051617

1. Entity Name

LARRY WALKER CABLE INSTALLATION LLC



Principal Place of Business

6159 ASHTON WOOD CIRCLE
MILTON FL 32570

Mailing Address

6159 ASHTON WOOD CIRCLE
MILTON FL 32570

2. Principal Place of Business

6159 Ashton Woods Circle

3. Mailing Address

6159 Ashton Woods Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Milton FL

City & State

Milton FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32570

Country

USA

Zip

32570

Country

USA

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

WALKER, LARRY
6159 ASHTON WOOD CIRCLE
MILTON FL 32570

Name

none

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WALKER, LARRY
STREET ADDRESS 6159 ASHTON WOOD CIRCLE
CITY-ST-ZIP MILTON FL 32570

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CITY-ST-ZIP

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/04

Date

850 554-0662

Daytime Phone #