

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012173

Entity Name: CAWTEL LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

5030 CHAMPION BLVD, G6 #239
BOCA RATON, FL 33496

New Principal Place of Business:

5030 CHAMPION BLVD, SUITE G6 #239
BOCA RATON, FL 33496

Current Mailing Address:

5030 CHAMPION BLVD, G6 #239
BOCA RATON, FL 33496

New Mailing Address:

5030 CHAMPION BLVD, SUITE G6 #239
BOCA RATON, FL 33496

FEI Number: 20-0747269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TEBES, JOHN
2686 NW 41ST ST.
BOCA RATON, FL 33434 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: JOHN TEBES

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TEBES, JOHN PH.D
Address: 5030 CHAMPION BLVD, G6 #239
City-St-Zip: BOCA RATON, FL 33496

Title: MGR () Delete
Name: GUIDE, RICHARD
Address: 5030 CHAMPION BLVD, G6 #239
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

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

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: JOHN TEBES

PRES

04/30/2008

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