

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012416

FILED
May 10, 2008
Secretary of State

Entity Name: TRIO CABLE SERVICES, LLC

Current Principal Place of Business:

5235 S ROMANS AVE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

PO BOX 864
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 20-1633275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PRICHER, EVELYN
5235 S ROMANS AVE
INVERNESS, FL 34452 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PRICHER, KENNETH L
Address: 5235 S ROMANS AVE
City-St-Zip: INVERNESS, FL 34452

Title: MGRM () Delete
Name: PRICHER, EVELYN L
Address: 5235 S ROMANS AVE
City-St-Zip: INVERNESS, FL 34452

Title: MGRM () Delete
Name: PRICHER, ROBERT N
Address: 5235 S ROMANS AVE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES:

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

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: KEN PRICHER

MMBR

05/10/2008

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