

W5000016250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W5 - 16250

(Document Number)

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Certificates of Status _____

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25.00

LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -7 PM 4:11

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 31, 2005

WILLIAM S. HORAK
ISLAND CABLE TV
2158 GOLDEN EAGLE DRIVE WEST
TALLAHASSEE, FL 32312

SUBJECT: ISLAND CABLE TV, LLC
Ref. Number: L05000016250

We have received your document for ISLAND CABLE TV, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 605A00065464

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND CABLE TV, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William S. Horak
(Name of Person)

ISLAND CABLE TV, LLC
(Firm/Company)

2158 GOLDEN EAGLE DRIVE WEST
(Address)

TALLAHASSEE, FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Horak at (850) 294-2610
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ISLAND CABLE TV, LLC
2. The mailing address of the limited liability company is: 2188 GOLDEN EAGLE DRIVE WEST
TALLAHASSEE, FL 32312

3. Date of filing/registration in Florida: 2/16/05
4. Document number: L050000 16250

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM S. HORAK
Name
2188 GOLDEN EAGLE DRIVE WEST
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32312
City, State and Zip

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05 NOV -7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

WILLIAM S. HORAK
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00**