

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000039183

Entity Name: KUSTOM KABLE, LLC

FILED  
Jan 26, 2007  
Secretary of State

**Current Principal Place of Business:**

114 RAVENWAY DR  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

114 RAVENWAY DR  
SEFFNER, FL 33584

**New Mailing Address:**

P.O.BOX 6573  
SEFFNER, FL 33583

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

NEWTON, MARK  
114 RAVENWAY DR  
SEFFNER, FL 33584      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: MARK NEWTON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      NEWTON, MARK A  
Address:                      P.O.BOX 6573  
City-St-Zip:                      SEFFNER, FL 33583

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK NEWTON

MGR

01/26/2007

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