



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 032 ****55.00

DOCUMENT # L05000095461					
1. Entity Name MARIO GARUZ CABLE LLC					
Principal Place of Business 101 OLD FERRY RD APT 14C SHALIMAR, FL 32579			Mailing Address 101 OLD FERRY RD APT 14C SHALIMAR, FL 32579		
2. Principal Place of Business 646 Anchors St. Suite, Apt. #, etc. #16		3. Mailing Address 1910 FRONTERA ST. Suite, Apt. #, etc.			
City & State Fort. Walton Bch, FL		City & State NAVARRE, FL		4. FEI Number 20-3539481	
Zip 32548		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARUZ, MARIO 101 OLD FERRY RD APT 14C SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name 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 <u>Mario Garuz</u> DATE <u>08/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARUZ, MARIO 101 OLD FERRY RD SHALIMAR, FL 32579	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mario Garuz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			08/11/06 (850) 855-1503 <small>Date Daytime Phone #</small>		