

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051546

Entity Name: GREEN CABLE LLC

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

ATTN: CASANDRA PEREZ
90 ALTON ROAD, #2404
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

ATTN: SAMUEL SCHWARTZ
2777 PARADISE ROAD
LAS VEGAS, NV 89109

New Mailing Address:

ATTN: SAMUEL SCHWARTZ
2777 PARADISE ROAD #508
LAS VEGAS, NV 89109

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, CASANDRA
90 ALTON ROAD
2404
MIAMI BEACH, FL FL 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROMBOLI, TODD M
Address: 214 PLANTATION BLVD.
City-St-Zip: ISLAMORADA, FL 33036

Title: MGR () Delete
Name: MCGUIRE, ERIN
Address: 1823 NORTH WOLCOTT AVE.
City-St-Zip: CHICAGO, IL 60622

Title: MGR () Delete
Name: SCHWARTZ, SAMUEL
Address: 2777 PARADISE ROAD, #508
City-St-Zip: LAS VEGAS, NV 89109

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: SAMUEL A. SCHWARTZ

MGR

03/21/2009

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