## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L06000106914

1. Entity Name CABCO, LLC



**FILED** Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business 21015 BROADWATER DRIVE LAND O'LAKES, FL 34638

Mailing Address

21015 BROADWATER DRIVE LAND O'LAKES, FL 34638



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 42-1716657 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ACKERMAN, BARRY 21015 BROADWATER DRIVE LAND O' LAKES, FL 34638

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ACKERMAN, CAROL		
STREET ADDRESS	21015 BROADWATER DRIVE		
CITY-ST-ZIP	LAND O'LAKES, FL 34638		U00000782955
TITLE	MGRM		01/15/08-80094-025 138.75
NAME	ACKERMAN, BARRY		
STREET ADDRESS	21015 BROADWATER DRIVE		
CITY-ST-ZIP	LAND O'LAKES, FL 34638		
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NAME			
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

813-948-0289