# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 07, 2007**
**Secretary of State**

DOCUMENT# L06000117923

**Entity Name:** CABLE-R-US, LLC

**Current Principal Place of Business:**

17252 POPPY FIELDS LN.
LAND O'LAKES, FL 34638

**New Principal Place of Business:**

3033 CLOVER BLOSSOM CIR
LAND O'LAKES, FL 34638

**Current Mailing Address:**

17252 POPPY FIELDS LN.
LAND O'LAKES, FL 34638

**New Mailing Address:**

3033 CLOVER BLOSSOM CIR
LAND O'LAKES, FL 34638

**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:**

JONES, JOHN C
17252 POPPY FIELDS LN.
LAND O'LAKES, FL 34638 US

**Name and Address of New Registered Agent:**

JONES, JOHN C
3033 CLOVER BLOSSOM CIR
LAND O'LAKES, FL 34638 US

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: JOHN C JONES 10/07/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: JONES, JOHN C
Address: 17252 POPPY FIELDS LN.
City-St-Zip: LAND O'LAKES, FL 34638

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition
Name: JONES, JOHN C
Address: 3033 CLOVER BLOSSOM CIR
City-St-Zip: LAND O'LAKES, FL 34638

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: JOHN C JONES MR 10/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date