

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081338

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CABLESOFT, LLC

**Current Principal Place of Business:**

1550 BRICKELL AVE #109 B  
MIAMI, FL 33129

**New Principal Place of Business:**

1750 NORTH BAYSHORE DR.  
1412  
MIAMI, FL 33132

**Current Mailing Address:**

1550 BRICKELL AVE #109 B  
MIAMI, FL 33129

**New Mailing Address:**

1750 NORTH BAYSHORE DR.  
1412  
MIAMI, FL 33132

FEI Number: 26-4303667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALESSIO, INC.  
1075 NE 99TH STREET  
MIAMI SHORES, FL 33138 US

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

ALESSIO, LLC.  
1075 NE 99TH STREET  
MIAMI SHORES, FL 33138 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: ALESSIO ANTONACCI

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SABA, CLAUDIO  
Address: 1550 BRICKELL AVE #109 B  
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete  
Name: DE OLIVEIRA XAVIER, FABIOLA  
Address: 1550 BRICKELL AVE #109 B  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SABA, CLAUDIO  
Address: 1750 NORTH BAYSHORE DR. # 1412  
City-St-Zip: MIAMI, FL 33132

Title: MGRM (X) Change ( ) Addition  
Name: DE OLIVEIRA XAVIER, FABIOLA  
Address: 1750 NORTH BAYSHORE DR. # 1412  
City-St-Zip: MIAMI, FL 33132

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: CLAUDIO SABA

MGRM

04/13/2009

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