

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024946

Entity Name: ALTICE 114, LLC

FILED
Jan 12, 2012
Secretary of State

Current Principal Place of Business:

5757 COLLINS AVENUE
906
MIAMI BEACH, FL 33140 US

Current Mailing Address:

5757 COLLINS AVENUE
906
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

6000 COLLINS AVENUE
112
MIAMI BEACH, FL 33140 US

New Mailing Address:

6000 COLLINS AVENUE
112
MIAMI BEACH, FL 33140 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDARD, DENNIS R
1717 N BAYSHORE DRIVE
215
MIAMI, FLORIDA, FL 33132 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: MGRM
Name: GOUDIN, JEAN
Address: 5757 COLLINS AVENUE #906
City-St-Zip: MIAMI BEACH, FL 3140

Title: MGRM
Name: GOUDIN, MARTINE
Address: 6000 COLLINS AVENUE #112
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: GOUDIN, THIERRY
Address: 6000 COLLINS AVENUE, #112
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: GOUDIN, CELINE
Address: 6000 COLLINS AVENUE, #112
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: GOUDIN, ALEXANDRE
Address: 6000 COLLINS AVENUE, #112
City-St-Zip: MIAMI BEACH, FL 33132

Title: MGR
Name: BEDARD, DENNIS R
Address: 1717 NORTH BAYSHORE DRIVE SUITE 215
City-St-Zip: MIAMI, FL 33132

I hereby 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: DENNIS BEDARD

MGR

01/12/2012

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