

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072942

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** SOUTHWEST PHONE AND CABLING "LLC"

**Current Principal Place of Business:**

5830 INVERNESS CIRCLE  
NORTH FORT MYERS, FL 33903 LE

**New Principal Place of Business:**

**Current Mailing Address:**

5830 INVERNESS CIRCLE  
NORTH FORT MYERS, FL 33903 LE

**New Mailing Address:**

**FEI Number:** 45-2524235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COBB, RONALD S  
5830 INVERNESS CIRCLE  
NORTH FORT MYERS, FL 33903 LEE 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: PRES  
Name: COBB, RONALD S  
Address: 5830 INVERNESS CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903 LE

Title: V.P.  
Name: COBB, RONALD S  
Address: 5830 INVERNESS CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903 LE

Title: SEC.  
Name: COBB, SUSAN D  
Address: 5830 INVERNESS CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903 LE

Title: TRE  
Name: COBB, SUSAN D  
Address: 5830 INVERNESS CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: RONALD S. COBB

PRES

04/26/2012

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