

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000075821

Entity Name: L & S CABLE, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20192 LORETTE AVE  
PORT CHARLOTTE, FL 33954 US

**New Principal Place of Business:**

30420 BERMONT ROAD  
PUNTA GORDA, FL 33982 US

**Current Mailing Address:**

20192 LORETTE AVE  
PORT CHARLOTTE, FL 33954 US

**New Mailing Address:**

30420 BERMONT ROAD  
PUNTA GORDA, FL 33982 US

FEI Number: 65-1655322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOKKER, VINCENT  
20192 LORETTE AVE  
PORT CHARLOTTE, FL 33954 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: MGR  
Name: COOLEY, PHILIP  
Address: 379 BLARNEY ST  
City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: MGR  
Name: SCOTT, WILLIAM D  
Address: 30420 BERMONT ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

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: WILLIAM SCOTT

MGR

04/30/2012

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