

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 042 ****50.00

DOCUMENT # M06000004721

1. Entity Name

CABLENET SERVICES UNLIMITED (FLORIDA) LLC



Principal Place of Business

991 S. BOLMAR STREET, SUITE G
WEST CHESTER PA 19382

Mailing Address

991 S. BOLMAR STREET, SUITE G
WEST CHESTER PA 19382

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 5492

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WILMINGTON DE

Zip

Country

Zip

19808

Country

4. FEI Number

20-5338702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC
515 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registrant agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
CABLENET SERVICES UNLIMITED, INC
STREET ADDRESS
991 S. BOLMAR STREET, SUITE G
CITY- ST- ZIP
WEST CHESTER PA 19382 ☒ Delete

TITLE
NAME
MGRM
CABLENET SERVICES UNLIMITED INC
STREET ADDRESS
7 CHELSEA PARKWAY
CITY- ST- ZIP
BETHWYN, PA 19061 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 W. Pergolin

PRESIDENT

2-27-07

(302) 218-3943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #