

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90065 023 ***138.75

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
**P.O. BOX 5492
WILMINGTON, DE 19808**

60018814



2. Principal Place of Business - No P.O. Box #
7 CHELSEA PARKWAY
Suite, Apt. #, etc.
SUITE 709
City & State
Boothwyn PA

3. Mailing Address
7 CHELSEA PARKWAY
Suite, Apt. #, etc.
SUITE 709
City & State
Boothwyn PA

03252008 Chg-LLC CR2E083 (12/06)

Zip
19061 Country

Zip
19061 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

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CABLENET SERVICES UNLIMITED, INC 991 S. BOLMAR STREET, SUITE G BOOTHWYN, PA 19382	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	709 CHELSEA PARKWAY Boothwyn PA 19061	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Joseph G. L...* Date 3/25/08 Daytime Phone # (610) 364-9504

file